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THE

Medical Advance

A MONTHLY MAGAZINE OF

HOMŒOPATHIC MEDICINE,

PUBLISHED AT THE

UNIVERSITY OF MICHIGAN.

EDITED BY

H. C. ALLEN, M. D.

VOL. XV.

ANN ARBOR, MICH.:
ADVANCE PUBLISHING COMPANY.
1885.

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THE

MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

T. P. WILSON, M. D., EDITOR. PHIL PORTER, M. D., GYNECOLOGICAL EDITOR.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING CO., Ann Arbor, Mich.

H. C. ALLEN, M. D., Business Manager.

VOL. XV. ANN ARBOR, JULY, 1884. NO. 1.

ORIGINAL CONTRIBUTIONS.

MEDICAL ASPECT OF MURDER.

J. G. GILCHRIST, M. D., Detroit, Mich.

Read before the College of Physicians and Surgeons of Michigan, May 19th, 1884.

The taking of human life, by forcible means, is technically known as *homicide*, whether such violence is committed by authority of law, or other extenuating circumstances, or in malice and with criminal intent. The term is generic, and includes many degrees of criminality or may have no criminal significance. *Murder* is one of the analogies of homicide, and is commonly used to denote a criminal slaying, although in murder there are recognized degrees of criminality. All methods employed, or circumstances concerned in the destruction of one human life by another, are homicidal, the etymology of the word accurately expressing the act, viz: "man" (homo) to "cut" or "kill" (cœdere); but there is not necessarily an element of crime in the act expressed by the word. When life is taken illegally, without any extenuating or mitigating circumstances, the word

murder is commonly used, although the derivation of the word does not actually imply anything different from homicide. The word is of Anglo-Saxon origin, "moerda," by some authorities supposed to refer to *secret* killing. Wishing to be technically accurate, a man guilty of killing another would be called a homicide until the killing was shown to be malicious, when he would become a murderer.

Homicide, or murder, because, for our present purpose, the terms may be used interchangeably, is of various kinds or degrees. Thus it is *justifiable*, and without legal penalty, when one kills another on the field of battle, the opponents being enrolled in armies by due process of law, engaged in an act which can only be accomplished by destroying life. It is justifiable, also, when the killing is done in self-defense, or when the slayer has good reason to suppose his own life is in danger; also when criminals are executed according to a proper judicial sentence, or in preventing a felony or the escape of a prisoner from the custody of legal authorities. These, and many others, such as death resulting from injuries inflicted by accident, constitute homicide, it is true, but with the facts established, either from their being notorious or proved on examination, all legal responsibility is removed, and in most instances moral accountability also.

Homicide under other conditions, where the killing was entirely unlawful, while it is murder, yet is not of an unvarying and uniform degree of crime. Thus a man slays another in the heat of passion, in a sudden quarrel, in which there was no previous design of murder; or in a sudden riot, or bravado, fire-arms are discharged in a public street and persons are thereby killed, while there is an intention to do harm, perhaps kill, yet there is no previous design to slay a particular individual. In another class of cases there may be a criminal negligence in guarding an individual or the public at large from an imminent danger, and life thereby is lost. Under all these circumstances the act of killing

becomes a minor degree of murder and is spoken of as manslaughter (a liberal translation of "homicide"), or murder in the second degree.

The taking of life premeditatedly, as the phrase runs, "with malice prepence and aforethought," in which the weapon is prepared, the manner of killing determined, and the victim sought, is murder in the first degree, the greatest of crimes, inasmuch as the offence is at once against the person and against society.

With these distinctions and differences the medical jurist has little or nothing to do. His functions commence later, are not at all concerned with *motives* in general, but solely confined to physical facts. To understand this properly, let us go a little further into the legal aspect of the inquiry.

The crime of murder, as far as a foundation for judicial enquiry is concerned, rests upon the establishment of three elements: 1st. Life must have been taken by violence; 2d, the act must have been accomplished unlawfully; 3d, the act must have been committed by a second party. The functions of the medical jurist now commence, and he is directly concerned in each of these three elements; frequently the detection of guilt or the establishment of innocence will rest entirely upon his testimony. Properly appreciating this fact, it becomes at once apparent that courts should exercise great caution in selecting medical witnesses, and that medical practitioners should decline to accept appointments in which experience and knowledge is demanded greater than they may possess. A mistake in an important item in either of these elements of murder might on the one hand send an innocent man to the scaffold, and on the other set free a criminal with a possibility of a repetition of his crime.

The questions frequently submitted to the medical expert are of the most perplexing character and cannot be intelligently answered by those to whom opportunity and

learning in that direction has been denied. Remember that nearly all murders are committed in secret; they are not done in the light of day in the presence of numerous witnesses; the proof is nearly always circumstantial, and must be of an incontestable character. Let us now examine each of these elements of murder somewhat minutely, and thus be able to form some estimate of the immense responsibility resting upon the medical man whose services are engaged in judicial examinations.

1st. The first element is that a life must have been destroyed. At first glance this may seem a very simple thing to show, as indeed it is in the majority of instances. There are many examples of the difficulties that may sometimes arise. For instance, a man or woman suddenly disappears; no trace can be found, no clue to movements, or having been seen after a certain time. Strong circumstantial evidence may be produced that the missing party was made away with by the one last seen in his or her company. No charge of murder can lie against the suspected person, as no proof that a murder has been committed can be produced. Perhaps blood may be found in the neighborhood where the absent party was last seen, or there may be clothing, recognized as having last been worn by the supposed victim, stained with blood; the clothing may be found in the possession of the suspected party. There may even be blood on the clothes of the alleged or suspected assassin. A medical witness may be called upon to examine these blood stains or bloody clothing, primarily to determine whether it is human blood or not. This will often be determinable by an appeal to the microscope, but it will require an expert to found anything upon the results. There may even be a question, as has more than once occurred, when large quantities of blood are found, whether the person from whom it came was upright or lying down when poured out, whether from an artery or not. A study of isolated spots of blood may settle many of these ques-

tions. For instance, the blood is disposed in streaks, an aggregation of drops. If the drops are circular in form, and of nearly uniform size, the inference would be that the wounded person had walked along, the blood dripping from a wound. Thus a suspected party claiming that the blood came from an accidental wound on his own person, showing the wound, would have his statement fortified by the examination. Suppose the blood were in streaks, small drops at the termination, separated, splashed out; the blood must have *spurted* out, but from what direction? The drops are large on the distal side and drawn out to a thread on the proximal; they become larger and larger and closer together, until lost in a pool of blood. The presumption is that an artery had been divided, and it would require evidence on the part of the accused to show that it came from an injury to himself. A man suspected of murder may be found with blood-stains on his trousers, stains which he alleges were made by a nose-bleed occurring to himself. On examination it is found that the spots are thicker above and drawn to a thread below. This is evidence that there was a spurting of blood *upwards*, not a falling down, and presumption almost amounts to a certainty that a person had been wounded and an artery severed while lying on the ground at the feet of the suspected party. Medical evidence can do much, therefore, to establish the *kind* of blood, human or animal, its source, and the nature of the injury giving rise to the hemorrhage.

In the absence of the dead body, the *corpus delecti*, a charge for murder cannot be made, because there is no positive proof that a murder has been committed. There may be presumptive proof, but in the absence of the dead body of the supposed victim, the law very properly refuses to put a suspected person on trial for his life, on trial for a crime that may never have been committed. What has been said illustrates more or less clearly that the production of the *corpus delecti* is not always possible, the first

essential element being therefore lacking. But cases arise in which the element may be *constructed* from disjointed remains, such a construction being solely a matter of medical skill. Take the Webster case, about the middle of this century. Some calcined bones were found in a furnace; a a pelvis and one thigh in a water-closet; a thorax and a leg in an old tea-chest, and some small fragments in various places. The head was gone, except some of the bones, and to the average physician there were insurmountable obstacles in the way of proving that the fragments were parts of the body of Dr. Parkman, the missing man, or even that they were portions of one body. The remains were found in a medical college, where such vestiges of humanity were naturally in abundance, and there were no prominent and self-evident indications that the portions were originally parts of a single individual. Nay, to many, there were even no proofs of sex. Medical witnesses of unusual acumen were employed; the fragments were placed in relation to each other, gaps in the skeleton filled up on a plan suggested by the existing bones, and careful examination made to determine the age of the individual, as well as sex. The age was fixed at about that of the missing Dr. Parkman, the sex male, the stature and weight were determined, and corresponded, yet an indictment could not be drawn because the *corpus delicti* was incomplete, only recognizable by experts, and even their opinion was based upon what at best was only a reasonable hypothesis. Something more definite was necessary to go to a jury with, and search was made for some physical peculiarity, well known to all who had known Dr. Parkman in life, and which could be demonstrated, to a non-professional jury, beyond a shadow of a doubt. It was remarked by all that Dr. Parkman's under jaw was unusually and peculiarly prominent. Fragments of the jaw being placed together, showed that to fill up the gaps on the same plan existing in the preserved portions, would give just such a jaw as was described. Still the proof was

incomplete. In searching anew the ashes in the furnace, portions of artificial teeth were found. A dentist identified them as made by him for Dr. Parkman; the mould was produced, the fragments fitted into it, and the proof was complete! The *corpus delicti* was found. To be sure, for legal purposes, it required the testimony of the dentist to complete the identification, yet for all other practical purposes it was complete on the medical testimony alone. Without the skill, learning, and assiduity of these experts the crime would never have been brought home to Dr. Webster, and the friends of his victim would never have known his fate; his remains would have been thrown into the vault with those of the nameless "subjects" from the dissecting room. The verbatim report of this remarkable case, as written by a member of the Boston bar, is one of the most fascinating of books to the medical jurist, partly, it is true, from the celebrity of the case and the high standing of the actors, but chiefly from the magnificent work done by the medical experts, and equally magnificent manner with which the attorneys on both sides conducted the trial.

There are numerous instances of equal or even greater difficulty in establishing identity. A body is found burned beyond recognition; it is charred so that sex cannot be determined; small portions of organic remains are found, and a witness is required to determine whether the remains are human or not, of what sex, if human, and whether old or young, short or tall, stout or slender. It is a fearful responsibility, and should deter even the most learned and expert from seeking such a position. The first element, therefore, in establishing the crime of murder, the production of the *corpus delecti*, is very often purely a matter for medical witnesses. But the functions of such witnesses do not stop here.

2d. The body being found, or reconstructed from fragments sufficiently to be identified by non-professional jurors, the medical expert is called upon to state, first, was life

destroyed by violent means; second, if so, what were those means? It is for the court and bar to prove that the killing was murder; the medical witness is to show that the death was caused by violence, and violence of a certain definite kind. While law is designed primarily to prevent crime and punish its commission, yet is it secondarily designed to protect the innocent from unjust persecution. When capital punishment was universally the penalty for murder, the execution of the convict was an eternal barrier against review and reversal of judgment. Every means, therefore, was taken to afford the accused a fair trial and give him a chance for acquittal, on the principle that it was far better to let ten guilty men go free than to hang one innocent man. An indictment must consequently be drawn with care, as conviction depends upon proof as to each item in the arraignment. It is stated that A did kill B, on a certain day and about a certain hour, and at or near a definite place; that the killing was with malice and accomplished in a particular manner. If the indictment alleges the killing to have been accomplished by means of a *knife*, and the evidence while proving the killing shows that the weapon was a *gun*, the prosecution fails, even while proof of murder is furnished. An indictment, therefore, unless the proof is palpable and unmistakable, must be drawn to include all *probable* means used, so that the killing and the manner may be readily proved as laid down in the indictment. For example: A body is found with the throat cut, and the crime is fixed upon a certain individual who is found in possession of a knife capable of producing such a wound. The presumption is that the knife in question was the instrument used, and yet as other weapons might produce the same injuries, the indictment would specify a knife, razor, dagger, or some *other* cutting weapon. It is not incumbent upon the prosecution to prove that *all* these weapons were used, but if the killing can be fastened upon the accused, it will be sufficient to convict of murder, to show that any *one* or

more of them were employed. This, it will be at once perceived, imposes a task of no little magnitude upon the medical witness who may be called; at the same time it will explain why the finding of the weapon is so highly important to law officials.

A dead body is found in the snow, floating in the water, hanging to the limb of a tree, or lying crushed at the foot of a precipice; a more familiar occurrence is the discovery of a mangled body on the track of a railroad. The questions to be submitted to the medical witness may be incapable of answer, in all cases; such as was life lost by exposure or violence, and the body thrown into the snow to simulate death from freezing? Inspection of the body might reveal suggilations, or redness of parts of the body, if death resulted from causes other than freezing; there would be a uniform marble whiteness if due to exposure to cold. A body is taken from the water and the question arises, was death caused by drowning or was it produced by other means and the body thrown into the water to cause a suspicion of suicide or accidental drowning? Should water and floating substances, as grass and the like, be found in the lungs, or the clenched hands grasped mud, sand, or weeds from the bottom, the fact of drowning might reasonably be assumed. The lungs empty, and the above conditions reversed, there would be room for suspicion that the person was dead when placed in the water. These speculations are based on the assumption that there are no visible wounds or injuries, sufficient to account for death. Of course a living body may be murderously thrown into the water, or may fall in by accident, or with suicidal intent. These are facts to be determined by the police, and not the medical witness. Unless there are other evidences of a violent death than the mere position of the body, the medical testimony has only to do with the question of submersion before or after death.

With reference to hanging, there are many instances

of murder where the victim has been hung by the neck to lead to a suspicion of suicide. The examination of the neck, externally and internally, finding the deep, colorless mark of the rope, when the body was suspended after death, or the seared and discolored mark caused by hanging of the living, of the dislocated or broken spine, the venous engorgement of the brain, the swollen face, and other signs of death from strangulation or apnœa, must each and all receive the intelligent attention of the medical expert.

DISLOCATIONS OF THE UTERUS, THE NORMAL AXIS, ETC.

BY O. B. MOSS A. B., M. D., Topeka, Kas.

Read before the Homœopathic Society of the State of Kansas, at Emporia, May, 1883.

Uterine diseases are of such frequent occurrence in the routine of professional experience, that to become in some degree familiar with their etiology, pathology and treatment, is imperative upon us all. For no village, and but comparatively few cities, not to say states, can support a specialist, nor can all women requiring treatment for one of the various forms of uterine disorders leave home to seek the skill of one who devotes himself exclusively to this class of diseases.

Prominent among the cases that arise under the general head of uterine diseases, causing more perplexity, perhaps, than all others, by their varied and sometimes incurable phases, stand uterine displacements; and to this form of disorders of the uterus I would bestow my attention in this paper.

But first, I wish to raise and briefly discuss the question, What constitutes a displacement of the uterus?

As a matter of fact, it must be any deviation of the organ from its normal position. But what is the normal position?

It may seem to you superfluous, or possibly presumptuous, that I should raise such a question before a society

composed of physicians; but to me the question seems pertinent, for I have never yet found a normal uterus occupying the position indicated by illustrations attached to the works of our most popular authors. And moreover, I have known physicians to devote themselves faithfully for months to the restoration of uteri which were normal as to position when they began, and abnormal as to their state and function, if indeed not also abnormal in position, when they ceased their meddlesome treatment. Something must be wrong, or these errors would not occur; and I consider it more just to ascribe them to a misapprehension of the normal position of the organ than to willful, meddlesome surgery. Such cases improve, not when the indefatigable doctor has taught the uterus a better position than it already occupied, but only when the patient, too weak and discouraged to submit to further treatment, abandons medical advice altogether or seeks a more skillful diagnosis of her case.

In some of these cases there may exist slight deviations from a perfectly normal position, but so slight as to require no mechanical interference. The fact is, the organ is often diagnosed as being displaced for the simple reason that its normal place is not clearly apprehended. The student of Gray, Wilson, and other popular works containing diagrams of the female pelvic organs, expects to find in the living subject that the vagina and uterus form a gentle curve, corresponding to the pelvic curve. But when, instead of this, he discovers that the vagina dips backward in a line a little above the sacro-coccygeal articulation, and that the uterus, lying parallel with the sacrum, is at a right angle to the vagina, resting on the bladder as a cushion, what must be his conclusion respecting the position of the uterus, with all the diagrams and teachings of popular authors fresh in his memory? Naturally he could reach but one conclusion, and that is that the organ is displaced. His diagnosis is "partial prolapsus with anteversion."

It has been my good fortune on many occasions, in conjunction with other physicians, to examine women supposed

to be suffering from uterine displacements of a more or less serious nature, and I blush for all to say that we had no difficulty in confirming each other's diagnosis. The uterus was often wrongfully accused and barbarously abused. Finding the long diameter of the uterus and vagina at right angles to each other, "prolapsus" is the verdict rendered against the unfortunate organ; and if, in consequence of an unusually small amount of cellular tissue intervening between the uterus and bladder, the former is found without difficulty riding upon the latter, "anteversion" is the inevitable though erroneous diagnosis. Then if anteflexion coëxist with the conditions already described, the case is supposed to be seriously complicated, and the appliances employed for restoration of the organ are correspondingly more diabolical.

In the normally poised female body, a line passing from the vertex downward along the anterior border of the second lumbar vertebra, touching the inferior border of the pubic bone, and so on to the plantar arches, marks the center of gravity. Now this line falls anteriorly to the uterus, which lies back under the sacral arch, out of the way of the direct downward pressure of the abdominal contents. In short, the center of gravity of the abdominal organs is in front of the pelvic organs, and passes through the pubic bone.

Whatever constitutional dyscrasias, luxurious habits of life, physical conditions, or other circumstances, may operate as depressing influences upon the vital forces of the system, debilitate the woman, interfere correspondingly with the axes of the body and change the center of gravity of all the organs. Standing or sitting in such a vicious position as to throw the body into a curve with the concave surface looking forward, throws the center of gravity backwards through the pelvic organs, and the superincumbent weight is turned towards the line of the pelvic axis. Debility is opposed to the erect posture in standing, and our modern luxurious furniture suggests, if it does not compel, the curve when sitting. Thus, displacements are the logical sequence of these causes, and emphasize the fact that uterine dislocations may

generally be regarded as the effect rather than cause of ill health, and should be treated on the basis involved in this principle.

The general diagnosis of displacements of the uterus is not difficult from the subjective symptoms alone, while the specific form of displacement in any given case cannot be positively known without objective investigation.

When women are suffering from uterine derangements of the form under discussion, or otherwise, it will be observed that they generally do not apply to a physician for assistance until the expression of their disease is a complication of painful troubles, known as "reflex" or "sympathetic;" as, for example, when there is functional derangement of the heart or stomach, due to the sympathy of the nerve centers that guard these organs, with the nerve center of the organ primarily diseased. But perhaps the most common of all the reflex symptoms that attend uterine and ovarian disorders, is cephalalgia, while this is certainly the most difficult to control.

Following, now, as a natural sequence of sympathetic irritation of organs distant in the body from the original disease, and owing in part, also, to the fact that grave displacements of the uterus may exist in the absence of any marked pelvic symptoms, our patients usually come to us complaining only of these reflex symptoms. But the observing physician who has had some experience in the treatment of this class of diseases, is led to a careful investigation of each case, employing such means as are necessary to elicit a complete account of its origin and progress. However, many cases are met with in which the pelvic symptoms are among the most prominent, and thus all difficulty of speedily reaching a correct diagnosis is removed.

Among the most prominent subjective symptoms that indicate displacement of the uterus, are: Great weakness across the lumbar or sacral regions of the spine; irritation of the bladder, with frequent desire to urinate, which is

attended with burning in the urethra; sensation of weight or bearing down in the pelvis or drawing downwards from the region of the ovaries; discomfort referred to the rectum, as from the pressure of a foreign body, irritating and producing a desire for stool; evacuation of the bowels accompanied by the feeling as if the fæces would bring the pelvic organs down with them, and followed by aching, numbness or bearing down in the pelvis.

But, although many of these symptoms may exist in any given case, with others of minor diagnostic importance that I shall omit, yet further investigation, as I have already intimated, will be necessary—that of a digital examination per vaginam—before a complete or satisfactory diagnosis can be made. Each physician, then, must decide for himself what subjective symptoms indicate the necessity for a tactile examination; and since I desire to treat specifically upon the replacement of the organ, I shall not stop to describe the exact nature of the case that may require mechanical treatment. Suffice it to say, however, that when the natural supports have become so much relaxed as to admit of any considerable permanent removal of the uterus from its normal position in the pelvis, other means besides medicine are likely to be required in effecting a cure.

Now with the case in hand, without the aid of the uterine sound, so much in use by many physicians, I proceed with the replacement upon purely mechanical principles.

Let us suppose we have a case of retroversion on which we are to operate. With the patient lying on her back, and limbs well flexed upon the abdomen, I introduce two fingers of the right hand, if that be practicable, placing the left hand upon the abdomen next the skin, so that nothing shall interfere with my manipulations. Now, by the position of the mouth of the uterus, pointing forwards, and the absence of the uterine body overlying the bladder, poised, tumor-like, *in situ;* and further, by tracing with one finger along

the posterior surface of the organ to the fundus, aud finding the latter occupying a horizontal position in the pelvis, pointing backwards, resting beneath the sacral promontory, and pressing against the rectum—we readily recognize the physical characteristics of the case.

Our physical explorations carried thus far, with the index finger resting against the anterior surface of the cervix uteri, and the other finger against the posterior surface, we have formed a lever on the principle of the tongs, with which we can raise several pounds, and will often succeed without difficulty in raising the uterus to its proper position. But in case of failure, we may place the patient on the right side, which will remove the weight of the intestines to a considerable degree from the pelvic organs. Now, using the right hand as before, we attempt again what we just failed to accomplish; but still finding the task difficult, owing to the impaction which the organ has sustained during the months or years of its displacement, we will find very material aid by seeking the sacral promontory with the left hand and pressing deeply into the abdomen, so that the fingers will glide along the anterior surface of the sacrum to the fundus of the displaced organ.

It will be observed that we approach the fundus with two forces, the lines of approach forming a right angle; for if we are not able to raise the uterus by the leverage we have already secured with the two fingers of the right hand, the index finger may be allowed to rest on the anterior surface of the cervix uteri, while the other finger seeks the fundus, to operate more directly with the force brought to bear with the left hand.

But again, if we should not succeed in this last position, it will be well to place the patient on the left side, with the back to us, while another effort is made. And besides the manipulations over the abdomen, already described, it will often be of great assistance to have the patient incline the body a little from the side on which she

lies towards the face, while with the left hand under the hip, we elevate the body so the force of gravity will aid in returning the uterus to its normal position. The same principles hold good in other displacements, only of course th e force should be applied according to the indications in each case; and among the great variety that exists, cases will seldom be found in which the practical results of this process will not most fully commend the theory advanced. However, where inflammatory processes have resulted in adhesions of the peritoneal covering of the uterus to that of the rectum, we will have a complication that will interfere with the success of our operations, in proportion to their extent and solidity. But the same complication would interfere with our efforts to replace the uterus with the sound also; while the injury done to the organ would necessarily correspond with the increased force such a condition would require.

I regard the use of the sound exceedingly objectionable, in the fact that it irritates the mucous membrane of the uterus; and in many cases where the mucous surface is already congested or inflamed, it must retard the recovery of the patient. But not only does the sound injure the uterus, for it may induce irritation of the ovaries and cellular tissue, and even cellulitis and ovaritis. Indeed, my observation has been, not alone among my own patients where the sound had been used, but also among the patients of other physicians, that when the most careful use was made of this instrument occasionally, the improvement that would naturally occur during the two or three weeks' absence of treatment, would be all or nearly all canceled at the next operation with the sound.

The sound has a diagnostic use, and for that I shall continue to employ it when necessity demands it; but rarely have I found it required for several years past in replacing a dislocated uterus, and I am fully convinced that its perversion in this form of disease has resulted in more injury than its most discriminate use can ever counterbalance.

SOCIETY PROCEEDINGS.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

The twentieth annual session of the Homœopathic Medical Society of Ohio, was held at Cleveland, May 13 and 14, 1884. The society was called to order at 10 A. M., by the President, Dr. J. C. Sanders, of Cleveland, and the meeting opened with prayer by the Rev. Dr. Spining, of the Woodland avenue church.

The address of welcome was given by Dr. G. J. Jones, of Cleveland. He spoke in commendation of the medical profession, and gave the members of the society a hearty welcome to the hospitality of their forest city.

Dr. J. D. Buck, of Cincinnati, in reply, spoke in glowing terms of the success of Homœopathy in Cleveland, and thanked them cordially for the hospitality extended and their earnest endeavors to make the present meeting both pleasant and profitable.

The President, Dr. J. C. Sanders, then delivered the Annual Address on "The Need, Means of Securing, and Advantages of a Better Inter-Social Professional Status:"

Ever since sin, disease and death entered the world, stricken humanity has lifted up its hands for help and succor, safety and deliverance; and though a great and learned profession, in the aggregate now a host so numerous as to be available in every household, has been exclusively devoted to its relief and rescue, still it is true that sickness, suffering and sorrow, sooner or later wait on every life and every home; and there is no hovel so squalid as to repel, or palace so regal as to exclude the death universal:

> "There is no fireside howsoe'er defended
> But has one vacant chair."

The very nature of this ministry—the medical profession's proper calling—making as it does and must, through

the life of him who is consecrated to it as its disciple, a more or less constant and sometimes intense appeal to whatever is most humane and beneficent in his nature, would most naturally and necessarily engender kindliness and largeness of heart, generosity and nobleness of spirit; and bring into activity and development, its tenderest traits—its sympathies, affections and loves; not only toward the suffering and afflicted, but toward all; especially those, who are commissioned in like manner, and who are of a like creed or faith.

What then can be a greater surprise or paradox than the predominent meagreness and sordidness of these graces, that are measured out to the professional brother, one or more, who by chance may be in the same field of labor, the same town or city?

The "pathies" of course will divide the profession, the code has fixed "a deep gulf" between the different schools, and this will change only with the evolution of years; but aside from exceptional personal incongruities, there is nothing to divide the votaries of the same school, nothing to make them mutually repellent and unsocial, acrimonious and hostile, except it be an inconsiderate selfishness, an unreasoning asperity or ignoble jealousy or envy.

More humiliating than a professional failure, since failure is sometimes inevitable, and sometimes an error of the largest experience and best trained judgment; more humiliating even than a professional blunder is the almost universal spectacle of petty suspicion and strife, bickering and jealousy, austerity and hostility existing between physicians and surgeons of the same school or practice, in the same town or city.

What a commentary on the weakness of poor human nature, is the glaring fact of doctors of the same school of practice, in the same town or city, not recognizing each other by so much as even a friendly look or smile, or shake of hand, or word of greeting; not willingly consulting with

each other, yet passing and repassing daily, visiting the sick, it may be, on the same street, in the same house or hospital; or, if they speak, speak only in rough frigid tones, never kindly, never respectfully, never fraternally; and leaving no opportunity unimproved to disparage each other among their respective patrons and in the estimation of the general public.

And there is always such a characteristic pertinacity in the spirit when in full mastery. How different it is in nearly all other pursuits! Among their members a kindly sympathy seems universal, whether they are merchants, tradesmen, mechanics, artizans or artists, as is evinced by the boards of trade, labor unions, orders of working-men, amalgamated associations, etc., running through all of which is a strong binding unity, that will bear a common sacrifice and loss rather than that any one shall suffer from the fact of his membership.

Ministers kneel, pray and take sweet counsel together; even in the law, how often do we see opposing counsel, at the tribunal of justice, almost hand-to-throat with each other in impassioned controversy over some point of law or fact; but, as soon as the case is passed over to judge or jury, strike palms together in friendly greeting, and walk out of the arena arm in arm, their sharp discords resolved and harmonized; even in the prize fight, the wrestling or slugging match, the contestants will shake hands and smile on each other, before a blow is struck or aggressive movement made, and when the contest is over, the victor rarely fails to express a feeling of sympathy towards the defeated.

But in the wrangling rivalry between the doctors, there seems no compromise, no surrender, no reprieve; helmet and sabre, shield and spear, gleam and clang, ahorse or afoot, the red flag of menace is ever afloat; the frown is never relaxed; the vacant stare never yields to recognition; the cold indifference never warms into affability; the whis-

pered suspicion never yields to proof; and the detracting inuendo, the damaging defamation, the vigilant hostility, betray no amelioration, no softening, no abatement or concealment, but hold steadily on, years in and years out, till either migration or death closes the humiliating wrangle; even when forced together by unavoidable circumstances, as in compelled consultation, or some society or church relationship, they at once fly apart again, like pith balls when suspended from a common line and charged with the same electric current. This spirit is never more pitiable than when it is exercised by the old and established doctor toward the young and new-comer.

Instead of rejoicing,

> "To see the young spring forward in the race
> Eager as we were and as full of hope
> And the sublime audacity of youth,"

instead of encouragement and favor, the hand of welcome and the help of sympathy, the average salutation is either grim silence, ostracism of himself and family, or taunt on account of his youth and inexperience; so that the newcomer if he gains a foothold at all, gains it by dint of pluck and this "audacity sublime."

Where then is there such urgent need of reform as in the inter-social ethics of the profession?

In conventions we beguile our difference by our reports of bureaus, by our discussions, by casually looking into each others faces and now and then shaking of each others hands, while at home in our inter-social professional relations we violate the plainest dictates of common civility, and come so far short of the golden rule as often to stultify our christian name.

Is it not time we give this subject our attention and consider how we may inaugurate and maintain a movement that shall ultimately correct the great evil and take away this stain that is upon us, by reason of our personal, austere and bitter treatment of each other? I can but believe, that

even this introspection of our social status will do something toward the end desired in so far as it may awaken an interest in this direction.

But the evil has taken deep root and grown into a stout trunk, with ample branches and affluent foliage, and has long exhaled its poisonous aroma, and borne harvest after harvest of bitter fruit. This has been permitted, partly because it has grown so gradually; partly because of that peculiar philosophy of the human mind by which its susceptilities become so influenced under repetitions of the same impressions, that even a wrong, soon ceases to be heeded as a wrong, as Pope has most tartly said:

> "Vice is a monster of such frightful mein
> As to be hated needs but to be seen;
> Yet seen too oft familiar with her face,
> We first endure, then pity, then embrace."

and partly because no unified effort has been made to check, abate or eradicate it.

How then shall we best uproot and destroy this Upas tree now blighting our fair heritage?

Evidently it is no trivial task; great patience, great personal sacrifice and time must enter into its accomplishment; but the end is as worthy as the task is difficult. I will venture to indicate briefly my view of the best means.

1st. By exalting the golden rule—"Aye, there's the rub"—into a precept of daily practice, as our daily living touches the lives of our co-workers in our respective fields of labor; striving even to the mastery of our own individual hauteur and austerity; saluting each other kindly, in a true and gentlemanly recognition, as we chance to meet or pass each other, with a bow, a friendly look, a civil word, a grasp of hand, and inquiries of friendly interest in each others' personal and family's welfare. This at best, is nothing but a genuine christian civility, due from each respectable citizen to every other.

2nd. By calling on one another and visiting one another socially, not often necessarily, yet often enough to impress each other, that our approaches are not meaningless formal ceremonies, but a genuine desire to form and maintain and cultivate a personal acquaintance and friendship. Let no shadow of sorrow fall upon your professional brother or his family into which you do not enter with tendered sympathy and helpfulness, nor sickness afflict without an expressed willingness to render all possible aid and succor.

3rd. By having our wives, if we are married, as we all ought to be, call on each other with a view to their reciprocal acquaintance and fellowship, and our children mingle with each other so far as practicable, for I need not say to you who know too well that the average doctor's wife and family have greater needs socially than are generally recognized; they pass more lonely hours than the wives and children of any other class of men; there are few more desolate homes in the matter of social amenities than the average doctor's home, and this is as humiliating as it is true.

4th. By unselfishly helping one another; the better-to-do helping the poorer, the elder the younger, the established the new-comer; breaking with him his crumbs of business, calling him in consultation when needing help, with the double motive, to obtain light and support for himself and to enable the younger and poorer brother to collect a fee, for though younger, he may be far wiser, though poorer he may have gathered where the older or the richer brother has not reaped.

5th. By religiously protecting and shielding one another, if at all consistent with truth and justice, whether in consultation at the bedside of sudden impending sickness, or when under blame or censure in the hasty and unreasoning gossip of the street. Shakespeare makes Iago speak a world wide truth:

"Good name in man or woman, dear my lord,
Is the immediate jewel of their souls."

6th. By making our county, state and national gatherings more prominently social; having them occupy less time with medical matters in their hitherto prevailing forms; less time reading text-book essays, and more time in discussion, as altogether the best teacher, and more time in personal intercourse, personal acquaintance and fellowship.

Hitherto in these meetings, if at all large, outside of a dozen or so of men, there has been but a very little of inter-social fellowship, and little or no participation in the real work in hand. Often have we seen men, laden with rich experiences enter and sit through a half or whole day's session, without their voices being heard, without a hand of greeting being extended to them, and go away as empty handed and empty hearted and as virtually strangers as when they came.

This should all be changed, as it can be, and can be easily, by each member exercising a special care to seek out and obtain the acquaintance of every other member, to introduce one another, if strangers, and especially to accost the younger and less known, and extend to them the hand of greeting and welcome. In this matter, a large responsibility is made to rest upon the reception committee, on whom should devote the duty of introduction as well as reception; so that no member though he comes unknown, should sit through our sessions, and go forth a stranger.

And much will always depend on the presiding officer, on his ability or tact, to invite and draw out and give to all an opportunity for discussion, which is the best educator and more surely profits and interests than written essays however learned. Since the standard of acquirements, personal and professional has so greatly advanced, the due practice of these graces at home, and in our consultations is made much easier and pleasanter than ever before in the

history of medicine; and it will grow easier and pleasanter from year to year, as this standard is borne onward and upward; boorishness and vulgarity, rudeness and barrenness of all personal culture and refinement are rapidly going to the wall, and, as necessary factors in a popular doctor's "make up," are surely becoming obsolete.

The advantages that would accrue are worthy of enumeration.

1st. The personal graces of the profession would be put into exercise and strengthened and exalted; fellowship would come to reign where now is bristling asperity; peace where now are only bickering and strife; unanimity where now is only divided counsel; and the banner over each field of labor, would be fraternal good will.

2nd. Such a reciprocity of sympathy and fellowship, endeavor and aim, rendering as it necessarily would each member of the profession more free to call on each other for help and to render help when called for, would bestow a priceless benefaction upon humanity at large, whose help and succor in suffering and sorrow, are the sacred and chief objects of our ministry.

3rd. The profession individually represented, or as a collected body, would stand fairer and higher in the estimation of the people. The present utter lack of inter-sociality, is a stain upon our fair name; it belittles us individually, and as a body bearing the christian name dishonors us; it exposes us to taunt and ridicule and greatly impairs the dignity that always will adhere to the profession by virtue of its sacred objective aims. Confident I am, that with our social regime revolutionized and a true unity of fellowship restored and infused into our ethics, we would be more respected as citizens, more highly useful and esteemed as physicians, and would exhibit an Esprit de corps in our collective capacity, in local, state and national conventions, that would not fail to command the admiration of the general public.

4th. We would make less isolated and secluded our families while we live and, after our death, place them in a position more surely to attract sympathy and help when needed.

The busy practitioner, truly devoted to the profession, must give necessarily, so much of his time, strength and thought to others, so much of sympathy, so much of that which is best represented by the term soul or spirit force that his own family rarely escapes a greater or less impoverishment of all the better elements of home's amenities. His work differs from that of most other men; he has no time as his own, no evenings his own, no nights his own, no Sabbaths his own, and these are the halcyon hours of recreation and rest, family communion and fellowship in every other calling, and are justly held inviolate and hallowed, and looked forward to in the strife and buffetings on toil's billowy sea, as hours of anchorage, safety and recuperation, till the sails are again spread for another day's voyage.

His home relation has therefore no constancy and no reliability, for he must go when summoned, whether by day when other men labor, or at evening, or night, or on the Sabbath, whatever his weariness of body or mind, whatever his tastes or social engagements, whatever his wishes or plans, whatever his family's purpose or desire, whatever his wife's disappointment or his children's grief at his going, he must go or be false to his calling. Gradually, thus, his duties force him from his own altar and fireside, from his own wife and children, and he becomes sooner or later, almost, if not quite, a stranger in his own home. Unless his wife has by chance a choice personal surrounding, which exceptionally she may have, she becomes lonely, she and her children, and an indefinable sense of disappointment and desolation gathers and rests, like an abiding shadow, over her heart and her home.

With a proper inter-social status our wives would

become socially helpful to each other, and our children more like lambs in the same flock, and much of the brooding loneliness, resting on our homes while we live, would disappear.

The average doctor when he dies, dies poor; his heritage is chiefly his name and fame; he is remembered as the good physician and as having nobly served his fellowmen; his memory is often and long treasured as a hallowing benediction; but his estate, exceptional cases aside, that in some instances barely saves from want his wife and children, in far the larger number of instances compels his widow to spend the remainder of her days battling for the bare necessities of life, and his children to struggle against poverty and neglect.

With a properly righted inter-social relationship in the profession, the doctor's widow and his children would be put into such a sympathetic relationship with the profession at large, with the families of the still living, that they would be far less liable to suffer from penury or obscuration.

Michael Angelo, once roaming for recreation among the centennial oaks of Monta Luca, came across an aged and hooded monk, sitting with Crucifix in hand, and lost in his meditations. Accosting him Michael Angelo said: "Tell me your dream." The monk replied:

"The yearnings of my heart, my sole desire,
That like the sheaf of Joseph, stands upright,
While all the others bend and bow to it:
The passion that torments me and that breathes
New meaning into the dead forms of prayer,
Is that with mortal eyes I may behold
The Eternal City."

Like that old monk, "the yearnings of my heart," are aspiration; but it is this, that "with mortal eyes" I may behold the dawning of the halcyon era of a true professional, fraternal unity.

Members of the state society, we humbly trust that in this your annual gathering, you will realize a welcome so

warm, make your personal greetings so cordial, your fellowship so intimate and friendly, your deliberations so harmonious and your discussions so general and profitable, that each one of you shall be constrained to say out of his heart, "it is good for us to be here;" and when the session shall have closed, and you return to your respective homes, you may carry with you not only a kind memory of our hospitality, not only a brightened torch, not only some new truth or suggestion that shall be helpful to yourselves, to your families or to your respective flock; but that you may carry with you a quickened purpose to treat your professional brethren, old or young, rich or poor, the established or new-comer, with that courtesy, christian forbearance and fraternal fellowship, that shall be, measure for measure as you would have measured to you, inagurating thus a movement that shall ultimate, sooner or later, in a unified and harmonized profession.

When this consummation, so "devoutly to be wished," has been attained, our hands shall grasp each other in genuine fraternal love, and our hearts shall realize in honest truth,

> "The fellowship of kindred minds
> Is like to that above."

In point of members in attendance, earnest, enthusiastic, and harmonious work, this session compared favorably with any in the history of the society. But there were too many papers for profitable discussion, and a large number—among them many of the best presented—on account of absence of the author, were read by title and referred. There was a noticeable absence of interchange of views on questions before the society. Without discussion, the ultimate object for which the busy man leaves his practice to attend a State society, is lost. We venture the assertion that a single paper in each bureau, carefully and thoughtfully prepared and thoroughly discussed, will be of more interest and benefit to the members than the reading of

half a dozen papers without discussion, as at present presented. Another feature of our societies of late years is, the paucity of papers on therapeutics, the distinctive characteristic of our school, and that to which we are indebted for all our triumphs and successes. It apparently is taken for granted that every member knows all there is to be known of *the science of cure*, and that a paper on therapeutics would be out of place. If we are not careful we will soon be like our brethren of the other school, adepts at palliation, novices in cure.

The officers for the ensuing year are: President, R. B. Rush, of Salem; vice-presidents, G. C. McDermott, of Cincinnati, and E. R. Eggleston, of Mt. Vernon; secretary, H. E. Beebe, of Sidney; assistant secretary, S. R. Geyser, of Cincinnati; treasurer, W. T. Miller, of Cleveland. The next place of meeting will be Cincinnati, where there should be not only a large attendance but an interesting and instructive session.

THE AMERICAN INSTITUTE.

Meeting at Deer Park, Md., June 17, 1884.

MORNING SESSION.

Promptly at 10 o'clock, President Sanders took the the chair, and called upon Dr. A. S. Ball, of New York, to open the Forty-first Session of the American Institute with prayer; at the close of which he declared the Institute open for the transaction of business.

Dr. Hughes, of Brighton, England, was invited to a seat on the platform. On taking the platform, Dr. Hughes was loudly cheered and in returning thanks for the honor conferred upon him and those he represented, said it was eight years since he, at Philadelphia, had the pleasure of meeting the Institute, and renewing the pleasant acquaintances then formed. The hospitality then re-

ceived he should never forget, and he assured the members he would be strongly inclined to come again.

The Vice-president, Dr. T. F. Allen was called to the chair and the President delivered the Annual Address, in which he reviewed the progress of Homœopathy for the past year, and made a number of recommendations, some of which have been suggested by previous occupants of the chair.

First. That the resolution, which afterward became known as the by-law of 1878, restricting the topic of the President's Address to the progress of Homœopathy during the year be rescinded, so that future presidents may have a wider range of topics, especially scientific.

Second. The abolition of the Sectional Bureau, and the adoption of some plan, by which a more thorough discussion of papers, and a better interchange of individual experience be obtained.

Third. Of limiting the number of members of each bureau; and that no member be appointed on more than one bureau.

Fourth. That there should be rotation in the chairmanship of bureaus, unless the subject under consideration be uncompleted.

Fifth. That in order to avoid the appearance of "rings" or "favoritism," a committee be appointed or elected, whose duty it shall be to nominate the chairmen of the various bureaus, instead of being appointed by the president.

Sixth. That a meeting of the Institute be held in the South, in order to avoid the threatened formation of a Southern Institute.

And in closing, the following recommendations and questions of vital import to every Homœopath, have the ring of the genuine metal, and were applauded to the echo:

First. That our medicinal agents in any potency be-

yond the range of mininium drug action have been and still are, so neutralized or buried and lost in the impurities inseparable from the different menstrua, as to make exceedingly questionable our claims to the verities of any of our provings, with any of the potenized drugs.

This proposition is startling and worthy our immediate and profound attention. As an unavoidable induction from exhaustive scientific researches, it must inaugurate at once a revolution in our Drug Provings, so far, surely, as obtained by the use of potentized drugs.

Second. That in the divisibility of drug matter, by the act of trituration or dilution, beyond the power of lens or spectroscope or chemical test to detect, all therapeutic matter and force necessarily become exhausted, and therefore the power imputed to them beyond this limit must be a delusion. This proposition, with all the blandishments gathered from these scientific researches, is the same "old apple of discord" that has been rolled into our midst again and again. It is no occasion for anxiety, divided counsel or broken harmony. We have all the greater need of dispassionate deliberation, forbearance and charity.

While we most heartily rejoice and take pride in the fact, that these researches, which are better than a monument to the man that began them, originated within the Institute, and that by them we became our own censors; while we acknowledge their priceless value in all their revolutionizing and purifying influences upon our Pharmacology and future Drug Provings; while we must continue, not only willing, but eager that the researches shall be carried forward, though they prove to be like "the fire that shall try every man's work of what sort it is," we must not be shaken from the sure foundation of our faith by the unwarranted induction embraced in this proposition. It is but another of the crested threatening waves that the restless sea of thought has tossed against the rock on which our beacon light is builded. We need not be dismayed, it

will surely pause, let go its grasp and fall back again to the common level, leaving us unharmed.

The denial of the existence of matter or force simply because this cannot be made cognizable by the most exquisite devices of scientific art, is most fallacious and illogical. The very atmosphere which ensheathes the great globe itself, that is "our breath of life," that in its caresses, fans our brows as with angel's wing and in its angry moods of tempest and cyclone, sweeps the earth with its besom of destruction and "hangs the billows to the slippery clouds that with the hurly, death itself awakened," defies detection by the most powerful lens; and before that force that determines a great epidemic or even the commonest miasmatic endemic, Chemistry with all its subtle might is dumb. Simply because in certain potentizations no appreciable matter or force can be detected by any of the devices of Scientific art, does it follow, must it follow, that there is no matter or any specific force left? Does the negative prove anything against the affirmation of thousands on thousands of intelligent, honest witnesses, the whole world over, that these same potencies, with all their associated and nullifying impurities, have and do manifest themselves in the most speedy and unmistakable remedial results. It is still true as when Michael Angelo spoke it to the ear of Cavalieri:

> "There are great truths that pitch their shining tents
> Outside our walls, and though but dimly seen
> In the gray dawn, they will be manifest
> When the light widens into perfect day."

It is still true, as when later, Shakespeare put in the mouth of Hamlet to utter:

> "There are more things in heaven and earth,
> Horatio, than are dreamt of in your philosophy."

Another important matter must engage our attention; it is the question of what shall be done with the enterprise inaugurated and well carried forward by the Bureau of

Materia Medica towards the revision of our Drug Provings. The animus and purpose of this work have already been alluded to. Shall it be continued? Shall it receive the earnest approval and God-speed of the Institute? or shall it be treated indifferently or contemptuously, or be allowed to rest in the unaided and unrequitted hands of the few, that having put their hands to the plow have not looked back and have shown themselves unselfishly willing to grapple with this undertaking. My-own thought about it is, and this thought is shared by many, that it is too great an enterprise for the Institute to lay upon the few that have it in charge, profoundly learned and scholarly as they are. This thought is that this great work should be distributed upon a larger number, that the bureau should be enlarged and be made a great central one with auxillary bureaus in every State medical society of the Union, as we have already secured co-operation in the British Homœopathic Medical Society, whose distinguished representative now honors us with his presence, and that these all should be filled with only representative men and chosen with a single reference to their great work.

I am opposed to all haste in a matter so serious, and believe that an enterprise so important should combine the wisdom, not alone of the Institute, but of the profession of the world. For surely on the reliability of our Drug Provings must hang our ultimate success or failure, our perpetuity even as a distinctive school of medicine. Our law of cure alone will not save us, but this law, with absolutely trustworthy Drug Provings, will bear us onward to still more signal triumphs over disease and death, and give us an ever enlarging place among the world's benefactors.

The other great question we shall be challenged to consider, is the proposed amendment of the constitution by which we are to surrender our name as the American Institute of Homœopathy and substitute the name of the American Institute of Medicine.

The substitute name proposed is euphonic and faultless, but why change? What is the criticism of the old? Is the name of Homœopathy too distinctive, too characteristic or too circumscribed in its import, or is it too deficient in the prestige of age or venerableness? Is it because it is repugnant to our opponents and "a stumbling block and rock of offence" between them and us? Is the line on which they are moving so converging towards ours or ours towards theirs as that nothing divides us but a name? For one, I protest, and cast my vote against it. Since Hahnemann inscribed it on our banner, has not that name been our rallying signal all through the conflict? Shall we forget that it has been the target of jeer and scorn and hate, that it has been charged upon again and again with the heaviest battalions and at times been almost lost in the smoke and din of battle? And now that the struggle is over, the hostile lines withdrawn, the din ceased, the smoke died away, and just as the name lustrous with victory, is gathering upon it the eyes and the hopes of the world, shall we, dare we, of our own hand blot it out? Let never my hand be chargeable with such a sacrilege. The name is too dear, too sacred, too hallowed by the sacrifices of the living and the memories of the dead. Never, I say, till our assailants disarm and their own hands bear the white flag of peace; never, till they shall cease to dishonor and revile us. Never, till all scorn is banished from their lips and hate from their hearts. Never, till we shall be everywhere recognized as of a common brotherhood. Till then, let us rally around our old standard and in reverent fealty shout in glad refrain:

"Our hearts, our hopes are all with thee,
Our hearts, our hopes, our prayers, our tears,
Our faith triumphant o'er our fears
Are all with thee, are all with thee."

The treasurer, Dr. E. M. Kellogg, made his eighteenth consecutive annual report, which after paying all expenses

(and the last volume of transactions was larger than any ever published by the Institute) left a balance in the treasury of $98.65. It showed the Institute in a better financial condition than at any previous time in its history. On motion the report was referred to the Auditing Committee, consisting of Drs. J. E. Smith, F. H. Orme, and L. S. Ordway.

Dr. J. C. Burgher, chairman of the committee of publication, reported that the volume of 1883, of 1177 pages, was the largest ever issued by the Institute. It was not issued until December, the publication being somewhat delayed by the non-reception of uncompleted papers.

The Board of Censors made a partial report and recommended the following candidates for membership:

J. Kent Sanders, (81) Cleveland, O.; J. R. Lukens, (78) Wilmington, Del.; D. B. Grove, (83) Hanover, Pa.; F. A. Gardiner, (82) Washington, D. C.; J. R. Hoffman, (83) Morristown, N. J.; D. W. Beal, (84) Jamestown, O.; C. E. Van Cleaf, (74) Ithaca, N. Y.; Irving Miller, (77) Baltimore, Md.; R. K. Fleming, (82) Pittsburgh, Pa.; C. W. Perkins, (70) Chester, Pa.; Wm. D. Cooper, (83) Wayne, Mich.; Wm. M. DuFaur, (80) Williamsport, Pa.; Susan D. Short, (80) Somerville, Mass.; Harry M. Lufkin, (83) Normal, Ill.; C. E. Fisher, (75) Austin, Tex.; May M. Pearman, (78) St. Louis, Mo.; Isabella S. Hotchkiss, (80) Chicago, Ill.; Daniel Karsner, (65) Germantown, Pa.; John W. Morris, (76) Wheeling, W. Va.

On motion to adopt the report and elect the candidates, a motion made by Dr. Rushmore to postpone consideration of the report until the afternoon session was carried.

Dr. I. T. Talbot, chairman of the Bureau of Registration and Statistics, presented a very interesting report, showing a steady increase both in societies and membership. A new society has been organized in Texas, and an anæmic society in Deleware has been re-juvenated. This makes 28 State societies, 21 holding State charters, with

nearly 2,400 members. There were 106 local or county societies or clubs reported this year, many of which evidenced great activity. Twenty-six general and 35 special hospitals have been erected at a cost of over $4,000,000 and have treated during the past year over 17,000 patients. Some of these hospitals—Pittsburgh, New York, Boston, Philadelphia and Washington—have made valuable additions to their resources, while the States of Massachusetts and Michigan have recently made appropriations for asylums for the insane to be placed under homœopathic treatment. There have been 120,000 patients treated at 48 dispensaries. Two new medical journals have come into existence, while one has died. One new medical college has been organized in San Francisco which gives promise of usefulness and is now at work on its first course of lectures, making 13 now in the United States. Dr. Talbot also gave some interesting facts in regard to the establishment of the new insane asylum in Massachusetts; how the members of the other school, both individually and through their State society, brought every influence to bear on the legislators and offered every known objection both of a parliamentary and a political character without avail, as on the final vote only a single allopathic doctor, a member of the legislature, constituted the minority. He said they did not get up a general fight over Homœopathy, but simply relied on the justice of their cause, the comparative results of the treatment of the sick, and the large percentage of tax-paying citizens in the State who preferred the new system of practice in the treatment of their insane.

Charges were preferred by the Homœopathic Medical Society of Washington against Drs. Pearson and Cate for a violation of the Code of Ethics in the matter of consultation. Under the by-laws all charges of this character are referred to the Senate of the Seniors. The Committee of the Senate, Drs. Dake, Talbot and Ball, recommended a rehearing of the charges by the Washington Society.

AFTERNOON SESSION.

On motion, there having been no objections made, the recommendation of the Board of Censors in the morning session was adopted and the candidates elected.

Bureau of Pharmacology, Dr. J. E. Smith, acting chairman, presented a report of the work done during the past year by himself and Prof. Wood in examining milk sugar, pellets, cones, tablets, and common loaf sugar. The results obtained were very similar to those obtained last year, showing conclusively that albumen, starch, soapstone, etc., were more or less used in adulteration; iron was found in all specimens of milk sugar examined, many of the articles being perfectly worthless; that loaf sugar bought at a grocer's was just as pure and in some cases purer than the "refined," "extra refined," "prepared expressly for homœopathic use," etc., of our pharmacies. The method adopted was this: Dr. Breyfogle, chairman of the bureau, procured the specimens, removed the distinctive marks and replaced them by marks of his own, the key to these marks being sent to the secretary, Dr. Burgher, to be opened in the Institute when the report was read. Thus Dr. Smith and Prof. Wood could not possibly obtain a knowledge of their source. The key was opened and as each analysis was read by Dr. Smith, Dr. Burgher gave the name of the pharmacy from which the sample was obtained. Dr. Smith disclaimed in the most positive manner any connection whatever with the question of potency. The experiments speak for themselves. It was not a question of potentization at all; simply a question of purity of the matter, material or menstrua used in the preparation of our remedies. Dr. Smith also stated that in fixing upon the comparative "purity" of the different samples examined, the figures given under that head in the table below have the following value. viz.: 1 is "good;" 2, "fair;" 3, "poor;" 4, "very poor;" 5, "worthless" The last two samples of Clarkson's were procured by Dr. Smith in consequence of a letter

received, in which the writer stated that Clarkson's pellets were *absolutely* pure. The following table shows the result obtained:

ANALYSIS.

MENSTRUA.	AMOUNT.	RESIDUE.	PURITY.	PHARMACY.
	grams.	milligrams		
Sac. lac.....	10	1.3	1	Witte.
" "	10	1.5	1	Boericke & Tafel
" "	10	1.6	1	Needham.
" "	10	1.85	2	G. W. Smith.
" "	10	4.7	3	Halsey.
Cones	10	8.6	4	G. W. Smith.
"	10	8.7	4	Witte.
"	10	8.7	4	Halsey.
"	10	9.1	4	Boericke & Tafel
"	10	11.6	5	Needham.
Tablets.....	10	2.7	2	Boericke & Tafel
"	10	60.	5	Witte.
"	10	306.	5	Needham.
"	10	377.4	5	Halsey.
Pellets	10	1.4	1	Witte.
"	10	1.5	1	Clarkson.
"	10	2.2	2	G. W. Smith.
"	10	3.2	3	Halsey.
"	10	5.	4	Clarkson.
"	10	2.6	2	"
"	10	2.	2	"
"	10	2.2	5	Boericke & Tafel
Loaf sugar from grocery.....	10	0.4		
Loaf sugar.....	10	1.2		
" "	10	1.6		
"Pure" lozenges from candy store	10	244.6		

The report was received and referred.

Dr. T. P. Wilson made a report on the financial position of the bureau, and the funds he had collected during the year for defraying its expenses. He had collected and paid over $380, and in closing made an earnest appeal for voluntary contributions to continue the work. The report of the bureau was discussed by Drs. J. P. Dake, E. C. Price, Pemberton Dudley and J. E. Smith. The general expression was to the effect that Dr. Smith and Prof. Wood

had deserved well of the Institute and of the profession; but as the members did not renew their subscriptions, we presume they decided to allow each man to eat his allotted "peck of dirt," and purchase the purest menstrua obtainable, as they did before the experiments were made.

The subject for discussion under Bureau of Clinical Medicine, Dr. J. W. Dowling, chairman, "The Indiscretions of Life and their Relation to Disease," was an eminently practical one. The papers of this bureau were interesting, well condensed, well read and better presented than those of any other bureau at the meeting.

The first paper was by Dr. S. H. Talcott on "The Effects of the Abuse of Alcoholic Preparations on the Nervous System," who opened an abstract by quoting from a French writer who had said that alcohol was better than physic, as there were more drunkards than physicians. He stated that in some forms of insanity it was *the* remedy and mentioned some cases at the Middletown Asylum which had been cured with it.

An abstract of a paper by Dr. Wm. Owens "On the Liver and Digestive Organs," was the next.

A paper by Dr. J. S. Mitchell on "The Effects on the Kidneys," was illustrated by charts giving the pathological changes.

Effects "On the Circulatory and Respiratory Organs," by the chairman, Dr. J. W. Dowling, and "The Effects of the Abuse of Tobacco on the System," by Dr. T. F. Allen, were both very interesting and instructive. "The Abuse of Drugs," by Dr. A. S. Couch, was exceedingly amusing and was greeted with due appreciation by the Institute. It contained many keen and striking hits. "The Effects of Mental Strain," by Dr. F. H. Orme, was also a practical paper. The contributions of this bureau will add materially to the practical value of the volume of transactions of 1884, and the members deserve the thanks of the Institute. The papers were discussed by Drs. Bacon and Allen of N.

Y., Dudley of Phila., Price of Baltimore, Ball and Dowling of N. Y., McManus of Baltimore, Hall of Chicago, Owens of Cincinnati, Allen of Ann Arbor, and Hughes of England, in which the latter referred to the influence the profession exerts on the habit of tobacco using in society in general, while the members so universally use the drug in their every day life. Their preaching he said did not correspond with their practice.

EVENING SESSION.

By request, the report of the Bureau of Medical Education was postponed and the Bureau of Obstetrics, which had "Puerperal Eclampsia and its Connection with Albuminuria," under discussion, was taken up. The paper of Dr. H. E. Spalding on the "Medical and Surgical Treatment," in which he recommended the administration of large doses of chloral, prompted Dr. T. R. McManus, the nestor of the Institute, to enquire if this was a meeting of homœopathic physicians. The inimitable earnestness of the enquiry "brought down the house."

The papers were "Eight Clinical Cases," by the chairman, Dr. C. G. Higbee; "Pathology of," by Dr. S. Leavitt; "Sixty-nine Cases of," by Dr. G. B. Peck; "Prophylactic Medical Treatment," by Dr. L. S. Ordway; "Secondary Effects of," by Dr. Millie J. Chapman; "Prophylactic Hygienic Treatment," by Dr. M. M. Walker; "Treatment of Resulting Lesions," by Dr. E. L. Campbell.

WEDNESDAY MORNING.

The Bureau of Ophthalmology, Dr. D. J. McGuire, of Detroit, Chairman, presented for discussion: "The Ætiological relation of disease in other Organs to Eye Disease," and the following papers were read: Dr. George S. Norton, "Eye Symptoms in Tabes Dorsalis;" Dr. T. P. Wilson, "Eye Symptoms in Disease of the Kidneys;" Dr. D. J. McGuire, "Eye Symptoms in Disease of the Brain;" Dr. W. H. Winslow, "Astigmatism;" Dr. H. C. French, San Francisco, a volunteer paper on "Ceonanthus in Glio-Sar-

coma after enucleation," author thinks he has observed good effects in one case; H. C. Houghton, "Tinnitus Aurium as a Symptom" with special reference to treatment.

In closing the discussion the chairman called attention to the difficulties encountered in fitting glasses in cases of astigmatism. In neglected cases of this class there is usually a high degree of irritability of the ciliary body, and in hypermetropic asymmetry, the spastic condition of this muscle was often sufficient to cause the eye to simulate a high degree of *myopia*. A correct diagnosis and prescription in such cases could be made only after the proper use of the mydriatic. The neglect of this precaution led to frequent error, in prescribing glasses, and consequently to prolonged and often serious suffering on the part of the patient. He also hoped he had succeeded in impressing the members with the importance of giving serious attention to cases of basilar headache, especially as met with in the young; as often the only opportunity for saving the vision was during the early attacks of head pain, when you will probably find the child or individual irritable in the morning—improving in disposition as the day goes by—provided he is not confining his attention to books, etc.

The committee on the President's address made the following report:

First. That the Resolution of 1878, prescribing the theme of the Annual Address, which was made a by-law, (Article III, Section 1), be rescinded.

Second. That the standing resolution of June 16th, 1881 be amended so as to read as follows:

Resolved, That hereafter the sectional meeting of bureaus be abolished; and that it shall be the duty of the members of bureaus to have their papers in the hands of the respective chairman of the same at the opening of the meeting of the Institute.

It will be the duty of each writer to furnish the chairman of the bureau of which he is a member with a synopsis of his paper to be read before the Institute for discussion, the original paper to be referred to the Publication Committee.

Third. The adoption of the following:

Resolved, That no member shall at any one session of the Institute be appointed to more than one bureau.

Fourth. The adoption of the following:

Resolved, That no member shall be chairman of the same bureau for two consecutive sessions, except the subject of the bureau be continued.

Fifth. That Section 6, of Article VII, of the By-laws be repealed and the following be adopted in its place:

Section 6, Article VII. Before the reports of bureaus be received the President shall appoint a committee of four, of which he may be chairman, *ex-officio*, whose duty it shall be to select chairmen of bureaus and to report to the Institute before the close of the session.

On motion the report was received and the recommendations acted on *seriatim*.

On motion to adopt the first paragraph, Dr. T. P. Wilson moved to amend the By-Laws, Article III, Section 1, so as to read, "The president shall *include* in his address an account of the progress of Homœopathy etc." It requires a two-third vote to amend a By-Law, and many claimed that we had received good annual addresses, and the Institute had prospered under the present laws and rules, hence it was not good policy to disturb them.

The question was sharply debated when Dr. C. A. Bacon moved to lay the amendment on the table. Yeas, 12; nays, 90.

The recommendation as amended was then adopted.

No. 2. Adopted, except the Bureau of Registration, etc. No. 3 adopted with same exception. No. 4 and No. 5 also adopted.

Dr. J. E. Smith, Chairman of the Bureau of Microscopy and Histology stated that his work on the Bureau of Pharmacology had prevented him preparing a paper for his own bureau; and every member of the bureau was evidently in the same position, for had it not been for the voluntary paper by Dr. R. R. Gregg, on "Fibrin vs. The Bacillus," a

reply to the paper of Dr. W. A. Haupt read at the last meeting of the Institute, the bureau would have gone by default.

The position assumed by Dr. Gregg was severely criticised by Drs. Cowl, Hall, Helmuth, Dudley, Dowling, Brigham, Higbee and Smith, and defended by Drs. Bacon and Gregg. The two chief objections appeared to be:

First. That the lens used by Dr. Gregg in his microscopical work was not sufficiently powerful, and his methods of investigation lacked scientific accuracy, hence his conclusions were faulty.

Second. That most of his critics had expressed their opinions in debate, in books, in journal, or other articles, in favor of the bacteria theory; hence must defend their position by claiming that Dr. Gregg could not possibly be correct. It is evident that Dr. Gregg has presented a pathological theory, that, to say the least, is a good theory to work; but which from the discussion it will require much hard work to demonstrate. However it cannot be put down if correct by mere negation on the part of objectors, neither can Dr. Gregg establish his position by assertion; he must demonstrate his position by the microscope if it can be done. Dr. Gregg is at present in the vast minority; Hahnnemann was once in the same position.

In the afternoon the members and their ladies were tendered an excursion to Cheat River, and Buckhorn Wall by the officers of the B. & O. R. R. A large number accepted the invitation, and enjoyed the romantic scenery; some visited the scene of the battle field of Cheat Mountain, fought September, 12, 1861. Mr. J. G. Pangborn, the gentlemanly agent of the company acted as pilot and with his accustomed courtesy pointed out places of interest and answered the numerous questions proposed. A vote of thanks was given the company and Mr. Pangborn on the return.

EVENING SESSION.

The President announced Dr. A. R. Wright, Chairman of the Bureau of Microscopy and Dr. H. C. Houghton, Chairman of the Bureau of Ophthalmology.

Dr. T. S. Verdi, presented a report of the establishment of the Homœopathic Hospital at Washington, D. C.

Dr. J. P. Dake, Chairman of the Bureau of Materia Medica, presented the report of the bureau and read a schema for the revision and publication of a purified Materia Medica, sifting out that which is worthless and arranging the whole in a condensed form. This is to be done in connection with a similar work already undertaken by the British Homœopathic Society.

The following is the schema presented by the Bureau:

1. Give the scientific names and synonyms of each article.
2. Give the natural order of each article.
3. Give a narration of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.
4. Give in presenting virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.
5. Include as a rule, no drug that has not shown pathogenetic power in two or more provers.
6. Trace back all versions and copies to their originals and verify, correct, or reproduce therefrom.
7. Give the results of experiments on the lower animals, where of value, generally in abstract.
8. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.
9. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.
10. Include no symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below.
11. Omit the contributions of Hahnemann and his fellow-provers to the Materia Medica Pura and Chronic Diseases which

are already accessible to the profession and of which we do not possess the day-books.

RECOMMENDATIONS.

1, That the Institute and the British Homœopathic Society adopt the plan and rules submitted.

2. That, jointly, the two Societies unite in the election of Dr. Richard Hughes, of England, as the Editor of the proposed work.

3. That each society elects three members to constitute a joint consultative committee the Editor being chairman of the same.

4. That each society authorize a subscription for one copy of the first year's issue for each of her members, paying therefor the actual cost.

The work is to be issued in numbers of 160 pages each, in paper cover, to be delivered to subscribers as soon as ready.

Dr. Farrington alone, desired it stated as a principle, that he would consider symptoms from attenuations above the 12th decimal quite reliable even when not in strict accord with symptoms from attenuations below.

Dr. F. H. Orme moved to adopt the schema and recommendations of the report of the bureau. Several members called for another reading of the report and it was again read by the chairman.

Dr. C. W. Butler, moved in amendment to adopt the report except section 10. Lost.

Dr. T. F. Allen entered an earnest protest against the adoption of the report, if section 10, excluding symptoms produced by attenuations above the twelfth decimal, be retained. He stated most emphatically that the Institute did not fully realize what it was doing.

Dr. A. S. Couch thought the report as it came from the bureau, should be adopted.

Dr. H. C. Houghton thought it a fatal mistake to exclude symptoms obtained from provings of attenuations; was sure we should regret it. Also was in favor of a work done by each nation.

Dr. W. C. Butler again offered a vigorous protest against section 10 as it now stood.

Dr. Wm. Owens was not well pleased with the plan, in general or in detail. Thought we had a therapeutic law, but not a pathogenetic law, and this plan would not aid in obtaining it.

Dr. H. C. Allen said the symptoms from attenuations above the twelfth were not always in accord with those produced from the crude drug, but as a rule developed the finer shades of action and were quite reliable in practice. It would emasculate our Materia Medica as a standard work in practice to exclude them.

Dr. W. Y. Cowl thought differences could be satisfactorily harmonized by having provings made by believers in each attenuation.

Dr. Pemberton Dudley said the committee should be allowed a certain liberty of action as long as they were responsible for results.

Dr. T. F. Allen was granted permission to speak a second time. Wished that his objection should not be misunderstood. It was not a monetary interest, but a principle for which he was contending. To exclude pathogenetic symptoms from attenuations above the twelfth would be to rob us of many of our characteristics. There was no possibility of making the symptoms obtained from the attenuations harmonize or accord with those obtained from the crude drug.

Dr. Hughes expressed the opinion that many symptoms from the higher attenuations would be included, because in many instances they would be in harmony with those of the lower potencies.

Dr. J. P. Dake closed the discussion. He said that doubt attended all provings, and especially those from the attenuations above the twelfth. Owing to the diversity of temperaments of individuals this must necessarily be the case. The report was then adopted.

On motion to adopt the recommendation to make Dr. Hughes general editor, Dr. W. T. Helmuth said, that as most of our Materia Medica was made in America, most of our provings done here; that while we had over 7,000 homœopathic physicians in this country and they had not more than 300 in England, it was no disrespect to the bureau, or to Dr. Hughes to insist on an American editor. We had men competent to become editors, and he for one insisted on our rights in this matter. This view was sustained by Dr. J. W. Dowling and others, and after much discussion the matter was referred to a committee of three, consisting of Drs. Dowling, Talbot and Runnels, to report at morning session.

Dr. A. C. Cowperthwaite wanted to place himself on record as being opposed to the exclusion of symptoms from attenuations above the twelfth or thirtieth potencies.

The special order for noon was the selection of place for next meeting, and the election of officers for 1885. The following places were named: St. Louis, Lake Minnetonka, Lake Chatauqua, which received respectively 52, 3, and 48 votes. St. Louis was selected.

Dr. T. F. Allen was unanimously elected president.

Dr. A. I. Sawyer and Dr. A. C. Cowperthwaite were nominated for vice-president. Dr. Sawyer withdrew in favor of Dr. Cowperthwaite who was elected.

The annual election of Dr. E. M. Kellogg was then proceeded with, and he was for the nineteenth time elected treasurer. He promised to dunn them as vigorously as ever.

Dr. J. C. Burgher was re-elected secretary, and when called upon said he would present his speech in print in about three months.

Dr. T. M. Strong was elected provisional secretary.

Board of Censors, Drs. F. R. McManus, A. R. Wright, F. H. Orme, R. B. Rush, D. S. Smith.

Dr. H. D. Paine, of New York, necrologist.

Report of the Board of Censors and the following candidates were duly elected: Jno. W. Robson, (67) Pittsburgh, Pa.; Horatio M. Hunter, (57) Lowell, Mass.; Wm. S. Morgan, (76) Lynchburgh, Va.; Elmore T. White, (83) Connellsville, Pa.; Jas. N. Clark, (67) Harrisburg, Pa.; Wilmot H. Dickinson, (58) Des Moines, Ia.; Rollin C. Olin, (77) Detroit, Mich.; Robt. W. McClelland, (84) Pittsburgh, Pa.; Wm. D. King, (84) Pittsburgh, Pa.; Francis Keller, (84) Red Wing, Minn.; C. W. Dinsmoor, (84) Omaha, Neb.; Theo. L. Hazard, (83) Salamanca, N. Y.; C. L. Muhleman, Parkersburg, W. Va.

Dr. Phil. Porter, acting chairman for Dr. S. S. Lungren, of the Bureau of Gynecology, who is in Europe, presented the subject of "Leucorrhœa," on which there were papers by Drs. Porter, A. I. Sawyer, Henry Minton, O. S. Runnels, L. A. Phillips. Dr. Carmichael's paper was read by title, and Dr. Taylor, of New York, read a voluntary paper by abstract.

Drs. A. R. Wright, D. H. Beckwith, and E. U. Jones, three of the ablest sanitarians of the Institute, were appointed a committee to examine and report on the sanitary condition of Deer Park Hotel.

THURSDAY MORNING.

The president appointed Dr. T. S. Verdi chairman of the Committee on Legislation.

Dr. A. A. Camp presented his scheme for drug proving, so the various bureaus of Materia Medica of our State societies could work in connection with the Institute.

A motion was made to appoint a committee to report at next session.

Dr. H. C. Allen moved in amendment to begin work this year. Accepted by mover.

Dr. Lewis Sherman offered a substitute to appoint a committee of seven to carry out Dr. Camp's proposition.

The substitute was adopted and a committee consisting of Drs. D. J. McGuire, H. R. Arndt, E. M. Hale, E. A. Far-

rington, C. Wesselhœft, L. Sherman and A. W. Woodward appointed. [It may appear a little curious that in the formation of this committee the originator of the plan should be omitted.—ED.]

Recommendation No. 3 of the bureau was adopted without debate.

On motion, No. 4 was laid on the table until after the report of the committee.

Dr. J. W. Dowling, from the committee, proposed the name of Dr. J. P. Dake as American Editor to be associated with Dr. Richard Hughes, and he was unanimously elected. Dr. Hughes expressed the pleasure the election of Dr. Dake afforded him. Said he knew their labors would be harmonious, and congratulated the Institute on its selection of associate editor.

Dr. Wm. Tod Helmuth said he made his proposition in good faith, for what he concieved to be for the benefit of the proposed work, the profession and the Institute, and wished to vindicate himself, his college, and his colleagues from any suspicion of personal motives.

Dr. J. W. Dowling in the same strain also disclaimed any personal motives, and vindicated the position he had taken. His college colleagues knew nothing of it, and had nothing to do with it.

Dr. T. P. Wilson took exception to the language of the report of the committee; could see no reason why colleges and college men should be placed under a ban of condemnation in order to eulogize a member of the Institute, and moved to strike out all reference to colleges. After some debate the motion was lost.

On motion of Dr. H. C. Allen reccommendation No. 4 of Bureau of Materia Medica, was taken from the table for action.

On the adoption of recommendation No. 4, Dr. N. H. Waters asked if this recommendation would commit the Institute to go into the book-publishing business?

Dr. J. P. Dake replied that it only committed it to the purchase of one copy of the first part of the work for each member of the Institute.

Dr. C. W. Butler again interposed his objection but the clause was carried, and the report as a whole adopted.

Drs. C. Wesselhœft, E. A. Farrington and H. R. Arndt were appointed as American associate editors.

The Inter-collegiate Committee, Dr. I. T. Talbot chairman, then made the following unanimous report:

To the Homœopathic Physicians of the United States:

By vote of the Inter-collegiate Committee of the American Institute, it has been decided that after the session of 1884-85, all colleges represented on that committee, and therefore in the Institute, shall require an entrance examination previous to matriculation. This examination shall include:

1. Creditable certificates of good moral character.

2. A diploma, certificate or other proof of graduation from a college, academy or high school, or a State or county teacher's certificate, or lacking this;

3. A thorough examination in the branches of a good English education, including elementary mathematics, English composition, and elementary physics or natural philosophy.

Thus while a liberal education forms the best basis for professional study, it will be seen that all the reputable homœopathic colleges in the United States unite in requiring that there shall be no serious disqualifications allowed to those entering upon the study of medicine, and they desire earnestly to impress upon preceptors before receiving students to see that they have the proper moral and literary qualifications. It is often the case that a year or more spent in an academy or high school may be necessary to meet the minimum requirements to enter upon the study of medicine—a profession which should aim to secure in its ranks the highest standard of moral and mental attainments. If by this step, an occasional student should be diverted from an already crowded profession, or delayed in entering it by a more thorough preparation, the whole profession would be improved and elevated thereby.

The colleges ask the assistance and co-operation of every physician in the rigid enforcement of this resolution.

On motion to adopt the report, Dr. J. C. Burgher said he belonged to a county society in which all students were required to pass a matriculation examination before entering upon their studies, and regretted that the languages were not included in the recommendations of the committee. The report was then adopted.

Dr. R. N. Tooker moved that a copy of the report be furnished the journals at an early date and that the remaining papers be referred to the Committee on Publication.

Dr. F. H. Orme, from the Committee on Medical Literature, made some practical suggestions. He said constant vigilance and watchfulness were necessary if we would achieve the highest success. In the conduct of our journals it was very necessary that the book reviews should be honest and reliable, as many depended upon the notice in a journal, and often were sorely disappointed. It would be better if we occasionally had a review or criticism from the general reader, who had more time to thoroughly examine a work than the busy editorial corps. Also, if our journals would make more extended extracts from allopathic periodicals it would prevent so many of them being taken. Report accepted.

Dr. G. A. Hall, chairman of the Bureau of Surgery, in opening the bureau, apologized for the large number of members on the bureau by saying that formerly it was very difficult to obtain surgical writers; things had changed of late as it now required all the grace and tact of the chairman to keep them off. The subject chosen for discussion was "*Inflammation*," on which there were presented nineteen different papers. The paper of Dr. Helmuth on Septicæmia and Pyæmia, occupied most of the time allotted to the bureau. It was one of the ablest papers of the session. We present some of the sharp distinctions made in the following:

COMPARISON OF

SEPTICÆMIA	AND	PYÆMIA.
1. Caused by any poisons absorbed by direct contact.		Caused by decomposing pus or pus elements.
2. Virus carried by the lymphatics.		Carried by the veins.
3. A single chill.		Many Chills.
4. No regularity of recurrence of fever.		Paroxysms of chills followed by fever and sweat with regular paroxysms.
5. Temperature 104 to 105.		Temperature 102 to 103½.
6. Paleness of face.		Jaundiced hue with yellowishness of conjunctiva.
7. Rather offensive breath.		Peculiar sweetish odor of breath (like new hay).
8. Rapid progress.		Slower progress.
9. Delirium and exhaustion.		Less delirium and more prostration.
10. Pains not general.		Severe and fugitive pains in legs, abdomen and back with swollen joints.
11. No infarctions.		Infarctions of vesica, lungs, liver, spleen and kidneys.
12. A single abscess or perhaps two, generally superficial.		Multiple abscess in internal organs.

FRIDAY MORNING.

The committee to whom was assigned a sanitary examination of Deer Park hotel, reported:

1 That the sewerage arrangements are good.

2. That the water is pure, being taken from a living spring, and conducted into the house by gravitation.

3. That the servants' quarters and the cooking premises and the other attached buildings are drained, well ventilated and regularly cared for.

4 That the stable is sufficiently removed from the house and from the spring of water as to give no possible contagion.

Dr. C. H. Lawton, chairman of the Bureau of Pædol-

ogy presented for discussion, "Dentition and its Incident Diseases."

Papers were read by Dr. Sophia Penfield on "Abnormal and Difficult Dentition;" Dr. J. B. G. Custis on "Gastric and Enteric Disorders Co-incident with Dentition;" Dr. Geo. B. Peck, "Safeguards of Dentition;" Dr. R. N. Tooker, "Premature Dentition," and by the chairman on "Physiology of Dentition." Papers from Drs. Cranch, Duncan, Sparhawk and Morgan were read by title and referred.

On motion the papers were received and opened for discussion.

Dr. A. C. Cowperthwaite:—I would refer to one point in Dr. Peck's paper. He says you must treat the symptoms present according to the pathological condition. I believe that the cycle of events occurring in this world are as true in medicine as in nature. There is always a compensation somewhere. The pathogenesy of a drug and the pathology of a disease are a unit. If we understand the one we will be led right in the other. It is not necessary to prescribe according to the supposed pathological condition. If we study and weigh the symptoms as we ought we will be led to the pathology of the disease.

Dr. H. C. Allen:—I am very much pleased with the report as a whole, but must beg to differ from some of the opinions of the authors in a few particulars. I find that in some particulars their practice does not agree with mine or mine with theirs. Dr. Penfield says that in preparing the food of infants, she uses cane sugar. My own experience is not in favor of cane sugar, I prefer to use sugar of milk, nor do I like to use soda in milk. Again, Dr. Custis refers to "favorite remedies." Now, I don't think we should have favorite remedies. One remedy may be more frequently indicated than another, but that does not make it a favorite remedy. A remedy may be needed but once in a season, in a given epidemic, but when required, it is all important.

The expression is frequently made use of, but it is an unfortunate one, I think. I must also differ from Dr. Tooker in one point, although agreeing with him in the main, and that is that the lancing of the gums is all that is necessary in some cases. I have given up this practice and believe that I get better results in so doing. One or two remedies which have served me well in difficult cases of dentition have not been mentioned in the papers. Dr. Tooker mentions cases in which the teeth have come through *en masse*, that is several come through at once. It such cases Causticum is more frequently indicated than any other remedy. I remember another case, which I saw in consultation, where with every eruption of the teeth there would be attacks of convulsions. Here Stannum was of service. The only indication which I have for it here is simply the fact that, with every eruption of the teeth, we have convulsions, or a series of convulsions for several days.

Dr. R. N. Tooker:—I trust that others got a better idea of my statements than Dr. Allen did. When speaking of lancing the gums, I did not refer to strumous children. It is of service in robust, strong, healthy, well-developed babies, who have large appetites, large assimilative powers, who grow fast, who cut their teeth *en masse* instead of singly. Strumous children get their teeth slowly. In these cases if you correct the constitutional conditions the teeth will take care of themselves. Here Caust. and other remedies come in beautifully. Another point in regard to the purpose for which the gums are lanced. It is not the gum which aches but the dental nerve at the root of the tooth in consequence of the pressure exerted upon it by the retained tooth; lancing the resisting membrane above the tooth relieves the tension upon the aching nerve below. There is nothing over the tooth which is affected by lancing. I am sorry I did not hear Dr. Penfield's paper because the substitution of an acid for lime water is a hobby of mine. There is no doubt that the use of lime water is very much

abused. A great many mothers think they must give the lime water on all possible occasions. Lime water keeps milk sweet in a physical way, but an acid is less irritant to the stomach and can be used in much smaller quantities. One to two grains will keep a pint of milk sweet for twenty-four hours.

Dr. O. S. Runnels:—I am very much interested in this subject and desire to say a word in corroboration of what Dr. Tooker has said. My experience agrees with his, that it is not the strumous children who need to be relieved by lancing the gums, but the big, strong child which grows rapidly.

I was formerly very much opposed to lancing the gums under any consideration, but I have changed my mind and now find cases where I do not hesitate to relieve the sufferer with the lance. As it has been said, it is required in those cases where the teeth come rushing through all at once. I remember one interesting case which I will briefly relate. A strong, healthy child, nourished by a wet-nurse, a strong, healthy colored woman, grew rapidly and seemed well until the teeth began to come. The first were attended with nervous symptoms and were soon followed by convulsions. Nothing seemed to relieve this child except lancing the gums, which was done with every tooth. Finally, the stomach and eye-teeth came and with them a remarkable exhibition of nervous symptoms. The first thing which manifested itself was a disorder of the stomach and bowels. The diarrhœa was succeeded by a series of nervous symptoms showing the pneumogastric nerve to be the centre of irritation. The diarrhœa continued, the respiration became hurried, the heart's action quickened and all the symptoms went on increasing in severity until the case was certainly an alarming one. There was continued progression in the condition, the respiration was 56, the pulse 160 and the labored breathing could be heard a long distance. No nutriment

could be retained by the stomach. On the fourth day when the mind was becoming obscured, the fever high and every evidence of a breaking down of the vital forces, I gave sulpho-carbolate of soda, a saturated solution. It acted like magic, everything was quieted in a few hours. My use of it was empirical in this case but I had used it on former occasions, where there were disturbances of pneumogastric nerve, with the happiest results.

Dr. Philip Porter:—In listening to the discussion I find that while the members agree in general conditions they disagree in their deductions. Thus, while one attributes the trouble to a mechanical cause, the other ascribes it to a constitutional disturbance. Both, however resort to surgical measures.

Now, if the cause is mechanical, why do we obtain relief by using a strong solution of bromide of sodium, which when applied to the gums will, it is claimed, relieve all the pain in ten or fifteen minutes. If this is so, why is it that by cutting the gums we get the same results? Again you will find an array of symptoms, evidently constitutional in origin, which are, as we all know, susceptible to remedies. Now simply because we cannot find a well indicated remedy, it does not follow that we are to cut the gums in every case. I do not like this blind rushing after local treatment; it savors too much of old-school treatment.

Dr. B. F. Dake:—If we have any means of arriving at the same results instead of using the lance, we ought to do it. There is an eternal fitness of things and if we have cases which we cannot reach in any other way I do not see any objections to lancing the gums. In a robust plethoric child who was threatened with spasms from difficult dentition, after trying several agents without any results, I lanced the gums over two of the teeth and gave prompt relief within twenty-four hours. If there is anything that can be used locally I should like to know it and avoid surgical measures.

Dr. T. L. Brown:—We have no proving of the sulphocarbolate of soda mentioned by Dr. Runnels, and for one I object to the empiric use of drugs in that way. We ought to remember one thing in this connection and that is, that there is no class of cases which are more promptly relieved by the proper application of the homœopathic remedy, than are those of the children. There is one point we should always bear in mind in curing our cases and that is to learn the cause and remove it before giving our remedies. If you have an overfed child or one confined in bad air, you will never cure it until these conditions are removed. First remove the cause, and then the consequences of the cause by the indicated remedy. Apply your remedy as strictly as possible, giving the single remedy, watching its effects so that when the results come you know what you have done. Do not have any guess work in the practice of medicine if you can avoid it. I would suggest that in Dr. Runnels case the preparation given changed the digestion. I do not know that this is so, for I have never used the remedy. Look up the history of the case and if the cause is mechanical there will be a particular time when you can cut and relieve the tooth. If certain that constitutional causes are at work see to them. Learn to know these thing and your success will be the greater. Study the interests of your patient rather than the glorification of Homœopathy.

Dr. J. P. Dake:—I desire to second the observations made by Dr. Brown. I believe that an error is often made by homœopathic physicians in supposing that their first duty is to administer medicine. A proper consideration of the symptoms of the case should lead the practitioner to recognize the probable cause of the trouble. What is the probable cause of what I see in this patient? This learned, it becomes the physicians duty to remove it as soon as possible. We have been led somewhat astray I think in this question of medication. I have sometimes thought that

we in the homœopathic school were very much like the early followers of Luther. When he denounced images so severely many of his followers took up the idea that it was wrong even to have pictures on the walls.

I want to make an observation in relation to painful and sensitive gums. In my practice I have often given relief by taking the first attenuation of Cham. and applying it to the gums. I have been in the habit for many years, of resorting to this method, especially when giving Cham. internally. I want to say further that when the gum is drawn tightly over the tooth and the tooth seems to be struggling to get through, I hold that it is not only admissible, but the duty of the practitioner, to use mechanical means to relieve that tooth, since we cannot do this by the indicated remedy given internally. To accomplish this I simply place the end of the finger nail over the tooth and by gently rubbing allow the tooth to do the cutting.

Dr. T. P. Wilson:—I wish to say, and I think Dr. Dake will agree with me, that it is not a good plan to use the finger nail in any surgical operation. There is considerable danger of transferring some contamination to the child through a freshly opened wound.

Dr. Dake:—I believe the doctor is right as a rule of surgical practice, but I have followed the method as described for many years without any ill results.

A. Wanstall, Dr.:—I would like to refer to the relationship of diseases of the eye and ear with the teething process. I was disappointed that Dr. Custis did not bring out these troubles more clearly. We are all acquainted with the frequent appearance of eruptive diseases of the face, in these troubles. I am led to believe that the eye affections connected with dentition are nearly always pustular; the same thing occurring with the eye-lids and ears. These eruptions are sometimes very painful. From the proximity probably of the mucous membrane you will also have gastric disturbances, your remedies will, however, be

more than mucous remedies. Dr. Houghton, in his paper, spoke of the use of Plantago major in diseases of dentition and ear, and I would again refer to it and suggest its use especially in the troubles of the middle ear.

Dr. Porter:—I wish simply to discuss this question of mechanical causes so often spoken of here. Many seem to think that whenever a mechanical condition is present, that we have no means of reaching such a condition with our remedies. In speaking of calculus in another paper the writer referred to it as mechanical and that it must be relieved by external or mechanical measures. I do not believe this. I hope the Institute will not allow the recommendation of cutting the gum with the finger nail to go forth with its endorsement. I think children have suffered too much already from the soiled finger-nail in surgery, obstetrics and gynæcology. We do not seem to realize the importance of the clean finger-nail in medical practice.

Dr. C. G. Higbee:—I do not think the gum is cut by the finger-nail as recommended by Dr. Dake. He stated that the tooth did the cutting. Nine-tenths of the childrens' teeth are cut through by the mothers rubbing a thimble over them. I myself prefer to scarify the gum, not cutting deeply. These cuts do not heal up so quickly.

Dr. F. R. McManus:—I never cut the gums of a child until the tooth can come through by the operation. To do otherwise causes more mischief than it does good, since the gum heals very rapidly. It is very little matter whether you scrape, rub or cut the gum. I have seen a great many cases where I thought some mechanical relief was imperative, but have nearly always relieved them with Belladonna or Coffea.

Dr. H. C. Allen: Dr. Tooker misunderstood my remarks I think. I did not mean to say that the gums should not be lanced in strumous children alone, as a rule I object to it in all cases. I had a bitter experience of this in my earlier years of practice. I was called to see a child of ten

months that was in convulsions, due probably to teething. The gums were swollen, hot and sensitive. I wanted to make a good impression as the family was an influential one and I was a stranger in the neighborhood. I assured them that after lancing the gums the child would be all right. I lanced the gums accordingly and the patient was temporarily relieved after three or four days; but the child was two years old before it had a tooth, notwithstanding the lancing, and my prognosis was a miserable blunder.

Dr. Chas. Allen: I can remember how frequently I used lime-water for children when in old-school practice. When I became a Homœopath I discarded its use entirely and I should be sorry to see the sulpho-carb. of sodium take the same rank. If we give our patients the proper treatment we will have no use for these measures. I have used this remedy many years ago, in typhoid fever and with good results. If we confine our treatment to the homœopathic remedies and select them with proper care, we will have the desired results.

There is a hygienic recommendation which I wish to insist upon, and that is, to be careful in the matter of clothing, air and bright light in connection with sick babies. If we were as sick as many of these little ones, we would want to be kept entirely quiet and in a modified light. Keep the skin protected by woolen clothing so that its normal functions can be kept up, and the bowels be saved from an excess of work on account of a chilling of the surface of the body.

Dr. L. S. Ordway: One word on the lancing of the gums. I think there is a middle ground in this question. There are gums which must be lanced during dentition, but the cases are few. The fact should be ascertained in advance, whether the tooth is delayed from coming through the gums on account of a thickening of the membrane over it or whether there is a lack of development. In the first

case the lance will help you but if you lance the gums years before development you will not get any good results.

Dr. J. B. G. Custis: I spoke of my favorite remedies under certain conditions. It was not meant in the sense understood by Dr. Allen.

Dr. Runnels: The remedy which cures the case, is, in my opinion, the homœopathic remedy, whether we have any proving of it or not, and I am willing to accept it on its clinical value. I want you then to think of the sulphocarb. of sodium in pneumogastric complications.

Dr. T. L. Brown, chairman of Bureau of Psychological Medicine, presented "The Physical Cause of Nervous Diseases." A paper by Dr. S. H. Talcott on "A Case of Melancholia," and a paper by the chairman were all there were presented, but they furnished material for a lively discussion. Adjourned.

BUREAUS FOR 1885.

MATERIA MEDICA AND PROVINGS. E. A. Farrington, Chairman, A. C. Cowperthwaite, A. W. Woodward, C. Wesselhœft, H. R. Arndt, S. Lilienthal, H. C. Allen.

MICROSCOPY AND HISTOLOGY. A. R. Wright, Chairman, C. Wesselhœft, Secretary, H. W. Taylor, E. Rushmore, W. Albert Haupt.

OBSTETRICS. Subject, "Dystocia." L. S. Ordway, Chairman, J. C. Sanders, S. Leavitt, O. B. Gause, C. H. Coggswell, C. T. Canfield, C. G. Higbee, Geo. B. Peck, C. E. Fisher.

PHARMACOLOGY. J. Edwards Smith, Chairman, N. B. Wood, W. G. Cowl, N. A. Pennoyer.

ORGANIZATION, REGISTRATION AND STATISTICS. A. S. Everett, Chairman, J. S. Mitchell, J. H. McClelland, I. T. Talbot, C. Mohr, H. L. Obetz, T. F. Smith.

OPHTHALMOLOGY AND OTOLOGY. H. C. Houghton, Chairman, W. H. Winslow, J. H. Buffam, J. A. Campbell, T. P. Wilson, G. S. Norton, G. C. McDermott, A. Wanstall, D. G. Woodvine, M. O. Terry.

GYNECOLOGY. Phil. Porter, Chairman, L. A. Phillips, Secretary, O. S. Runnels, H. Minton, S. P. Hedges, A. I. Sawyer, H. K. Bennett, S. S. Lungren, R. C. Allen, M. B. Pearman.

PÆDOLOGY. C. Van Artsdalen, Chairman, B. F. Dake, Secretary, N. H. Waters, W. C. Greene, M. J. Chapman, Martin Deschere, R. N. Tooker, John Malin, C. D. Crank.

PSYCHOLOGICAL MEDICINE. S. H. Talcott, Chairman, T. L. Brown, J. D. Buck, Samuel Worcester, J. M. Kershaw, A. P. Williamson, Secretary.

MEDICAL EDUCATION. H. C. Allen, Chairman, J. G. Gilchrist, J. C. Burgher, W. J. Hawkes, Pemberton Dudley.

SANITARY SCIENCE. D. H. Beckwith, Chairman. Subject, "Hygiene of Manhood and Decline of Man." Hygiene of Mythological Age, B. W. James, M. D.; Hygiene of Superstitious Age, H. E. Beebe, M. D.; Hygiene of Scientific Age, T. S. Verdi, M. D.; Hygiene of Infancy, L. G. Grosvenor, M. D.; Hygiene of Youth, E. U. Jones, M. D.; Hygiene of Woman at the Critical Age, M. A. B. Woods, M. D.; Hygiene of Manhood, T. P. Wilson, M. D.; Hygiene of the Decline of Man, D. H. Beckwith, M. D.

ST. LOUIS OR NEW ORLEANS.

NEW ORLEANS, JUNE 12, 1884.

To the American Institute of Homœopathy:

GENTLEMEN—On behalf of the Board of Management of the World's Industrial and Cotton Centennial Exposition, which opens in New Orleans, December 1st, 1884, and closes May 31st, 1885, I take pleasure in inviting your worthy Association to hold either an annual or a special session in our Exposition at such time as you may consider most desirable.

I remain yours very respectfully,

E. A. BURKE, Director General.

PITTSBURGH, PENNSYLVANIA, June 25, 1884.

Mr. E. A. Burke, Director General of the World's Industrial and Cotton Centennial Exposition:

MY DEAR SIR—Your very cordial invitation, on behalf of the Board of Management of the above named Exposition, of June 12th, 1884, to hold either an annual or a special session of the American Institute of Homœopathy in your Exposition, was not received until after the adjournment of the Institute, to convene at the session of 1885, in St. Louis, Mo. I regret that it wa snot received in time to submit it to the Institute during its session, as I have no doubt it would have been accepted with acclamation. It is barely possible that the place of meeting may yet be changed

from St. Louis to New Orleans. I will confer with the Executive Committee in regard to the matter and transmit to you the result. Should we conclude to meet in your city during your Exposition, will you be kind enough to suggest the date mose desirable for convening. At our last meeting at Deer Park, Maryland, there were three hundred and fifty chairs occupied at the complimentary banquet tendered by the B. & O. R. R. Co. Please give a statement of your hotel accommodations, per diem, rates, etc., naming one which will afford first-class accommodations as headquarters. Awaiting your response, I am,

Very truly yours,

J. C. BURGHER, M. D., General Secretary.

EDITORIAL.

AMERICAN INSTITUTE.—The annual meeting at Deer Park, so widely and profusely advertised, proved in all respects to be what it promised. A better meeting could not have occurred. A more beautiful spot could not have been chosen, and there is not a railroad in the world that could have done more for the members of the Institute than was done by the Baltimore and Ohio. Not a word too much can be said in praise of all that was done. Prof. Cowperthwaite and Messrs. Paugborn and Walker left nothing undone in the care they gave the convention collectively and individually. President Sanders, in his address, fully met the expectation of his friends. It was worthy the occasion and gave tone and character to all the subsequent work of the Institute. Dr. Richard Hughes, of England, graced the daily sessions with his presence and seemed to enjoy the proceedings. The various bureaus were well represented and the report of the proceedings will be found up to high water mark. Dr. T. F. Allen, of New York, was elected president, and Dr. A. C. Cowperthwaite, of Iowa, was elected vice-president, both as good as by acclamation. The Institute could not have made a more fitting choice. It goes without saying that Dr. J. C. Burg-

her was kept at his post as secretary, and Dr. E. M. Kellogg still holds the keys of the treasury. The only thing we have to regret is that the Institute did not have a longer session, and that all our readers and their friends were not there to enjoy the long-to-be-remembered occasion. Finally we doff our hat and give three cheers for the B. and O. —the incomparable and picturesque.

NEW PUBLICATIONS.

REMINISCENCES OF THE WAR OF THE REBELLION. By GEORGE B. PECK, JR. M. D., Providence, R. I., 1884

Our Lieutenant doctor tells an interesting story which will rouse the blood of many an old soldier. A striking likeness of the author adorns the front. We shall put the pamphlet as a valuable keepsake among our archives of "the late war."

THIRTEENTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, at Middletown, N. Y.

We are indebted to the Superintendent, Dr. Selden H. Talcott, for a copy of this report. It would be well for each physician to obtain a copy and read it with care. Verily the world is moving. This is a practical demonstration of what intelligent medical art will do for the insane. A good campaign document by the way.

LEGAL MEDICINE. By CHARLES M. TIDY, F. C. S. Vol. III. Wm. Wood & Co.

PATHOLOGY AND TREATMENT OF GONORRHŒA. By J. L. MILTON. Wm. Wood & Co.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART. By CONSTANTINE PAUL. Wm. Wood & Co.

PRACTICAL MANUAL OF OBSTETRICS. By E. VERRIER, etc., etc. Wm. Wood & Co.

HOOPER'S PHYSICIANS. VADE MECUM. Vol. I. Wm. Wood & Co.

HOOPER'S PHYSICIANS. VADE MECUM. Vol. II. Wm. Wood & Co.

Before giving a more extended notice of the foregoing as parts of Wood's Library of Standard Medical Authors for 1884, we desire to express our appreciation of the present collection, and to advise our readers if they wish to make a most substantial addition to their library, that they can do no better than subscribe for the present series, for in all respects it is fulfilling the highest expectations. We shall take pleasure in noticing each of the books in their order. Twelve volumes for fifteen dollars is within the reach of all.

EDITOR'S TABLE.

R. C. ALLEN, M. D., has removed to 4519 Frankford Avenue, Philadelphia.

GEO. LEE, M. D., has removed to 1319 Vermont Avenue, Washington, D. C.

THE MEDICAL ADVANCE has put on a new suit. Congratulations received only by telegraph.

A LIVE homœopathic physician is badly needed at Yazoo City, Miss. Population 3,000. For particulars address J. W. Champlin, Esq.

The summer meeting (thirty-second year) of the Medical Society of Northern New York, will be held at the town hall, Saratoga Springs, Wednesday, August 6, 1884.

BROOKLYN HOMŒOPATHIC HOSPITAL:—There are two vacancies in the hospital staff to be filled by competitive examination. Apply to Edward Miner, M. D., 114 Gates Avenue, Brooklyn, N. Y.

VOTERS ATTENTION!—It may be of interest to know that Gov. Grover Cleveland has vetoed the bill appropriating $25,000 for the enlargement of the Homœopathic Insane Asylum at Middletown, N. Y.

S. S. LUNGREN, M. D., has returned from Europe, looking hale and hearty. He has not so high an opinion of the French surgeons as he had, but was pleased with the reception given him by T. Spencer Wells and Lawson Tait.

TAKE NOTICE.—It is about time for the editors of some of our allopathic journals to have an attack of colic. Another "able" man, United States Minister Lowell, "has been ill and is recovering under the innocent ministrations of a homœopathist," Dr. R. E. Dudgeon, of London.

PRACTICE FOR SALE.—Established fifteen years, in Jersey City. Twenty minutes from New York by steamer, and forty minutes by street car. Excellent location. Every feature favorable. Satisfactory reasons given, and any references that may be desired. Address G. B. CORNELL, M. D., 55 Montecello Ave., Jersey City Heights, N. J.

THE Dakota State Society, was organized June 25. It bids fair to be a vigorous worker. Officers for the ensuing year: President, G. V. Parmelee, of Mitchell; Vice-Pres., I. M. Westfall, of Watertown; Secretary, C. C. Huff, of Huron; Treasurer, M. R. Reed, of Ashton; Censors, H. Ross, of Huron; M. H. Chamberlain, of Pierre, and G. M. DePuy, of Jamestown.

Morton M. Eaton, M. D.

THE
MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

T. P. WILSON, M. D., EDITOR. PHIL PORTER, M. D., GYNECOLOGICAL EDITOR.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING CO., Ann Arbor, Mich.

H. C. ALLEN, M. D., Business Manager.

VOL. XV. ANN ARBOR, AUGUST, 1884. NO. 2.

HYGIENE.

Papers Read at the Ionia (Mich.) Convention.

THE RELATION OF SANITARY SCIENCE TO NATIONAL WEALTH.

Rev. J. Pierson, president of the convention, delivered an address on "The Relation of Sanitary Science to National Wealth." To the question, does sanitary science pay? the speaker replied by showing that obedience to sanitary laws promoted the wealth of the country. Capital or wealth is the creation of labor, and whatever diminishes the number of the laborers in any country, or lessens the amount and efficiency of their labor, diminishes the amount of a nation's capital, and such was the effect of preventable disease. War is generally regarded as the great scourge of the race. More than 4,000,000 of men fell in the wars of the first Napoleon. Estimating the value of every able-bodied man to the country at $2,500, there was a pecuniary loss to Europe of $10,000,000,000. But disease is a greater scourge than war. The plague of Black Death which raged in Europe in the 14th century destroyed 25,000,000 of lives.

In our late civil war 600,000 men fell on both sides of the contest; but during every year of the contest a far larger number of our population fell outside of the two armies from preventable diseases than were lost during the same time from the ranks of the combatants.

According to the census of 1880, 756,893 persons died during the census year. Estimating that one-half of these died from preventable diseases, and estimating, also, that the average value of their lives was $800, we have as the aggregate pecuniary loss to this country by death $302,756,-800. Dr. J. H. Kellogg estimates the pecuniary loss to Michigan alone in the value of lives lost, according to the census of 1880, from preventable diseases, at $4,585,000.

But to the value of lives lost we are to add the cost of sickness, loss of time, the expense of nurses, medical attendance, etc., and also the expense of alms houses, asylums, and hospitals, which are to a great extent, directly or indirectly, the result of preventable disease and the aggregate is an immense sum. Dr. Kellogg estimates the cost of preventable diseases to the state of Michigan at $10,000,000, or $6 per inhabitant, and irrespective of the pecuniary value of lives lost, the cost to each inhabitant would be $3.20. Assuming the same cost for the entire country, then we have as the cost of preventable disease, irrespective of the pecuniary value of lives lost, $160,000,000. This added to the value of the lives lost by such disease in one year gives us as the aggregate the enormous sum of $462,756,800 as the cost of preventable disease to the country.

It is evident from these facts that sanitary science promotes the saving of national wealth. Such have been its practical results. The death rate in the city of London 200 years ago was 80 per thousand. It is now but 20. In 12 English towns by the introduction of sanitary improvements, the average reduction of typhoid diseases alone was 47⅞ per cent. No state, nation nor municipal corporation can make a more profitable investment of its means than in

expenditures for promoting public health. It is a poor economy which witholds such appropriations.

CONTAGIOUS AND INFECTIOUS DISEASES.

Dr. John Avery, of Greenville, President of the State Board of Health said, that all contagious diseases are infectious and that all infectious diseases are contagious. These terms are now interchangeable, and are used by medical writers to denote a class of diseases having their origin in a specific poison taken into the system and containing in itself the germs of self-propagation. Thus the germs or virus of small-pox, etc. And so the poison of small-pox may be communicated directly from a person suffering that disease to a well one, and thus be contagious; or it may be carried in the clothing of a protected person to an unprotected one, who will have small-pox, and be infectious. This is true of other diseases of this class and especially so of diphtheria and scarlet fever, two diseases Michigan people are most interested in preventing. We may say then that all contagious and infectious diseases are communicable, and that all communicable diseases are preventable.

One-third of all sickness and deaths in this country result from preventable causes, it is estimated. With a better knowledge of hygienic laws many diseases could be prevented and sickness and suffering greatly lessened and the average of life increased. Diphtheria, scarlet fever and small-pox are the most threatening of communicable diseases.

Typhoid fever might be added to the list, and recent investigations indicate that consumption will soon be added. If a person is taken down with small-pox, the knowledge that the case had its origin in a previous one leads the people at once to take measures to protect themselves against its further spread. This results from the positive knowledge that the disease is communicated from one to another,

and that it can be limited and finally stamped out. If the same positive knowledge could be imparted to all that diphtheria and scarlet fever are far more dangerous to life, just as communicable and just as preventable, as small-pox, our mortality reports would not show fifty deaths in Michigan from these two diseases to one from small-pox. It is now universally admitted that diphtheria is of a contagious character. Medical professors, scientists and intelligent observers agree that it is communicable. My own belief is that each communicable disease has its own specific germ or seed, which ripens during the progress of the disease, and, which taken into a system properly prepared to receive it, will grow and multiply, and in due season bring forth fruit of its kind, and of no other. These germs will reproduce themselves; will live for an indefinite period, unless destroyed by heat or other active agent, and will, if allowed to spread, invariably produce the same disease under favorable circumstances, as the one from which they originated. These germs are minute particles of organic matter; probably living organisms, invisible to the unaided eye; very tenacious of life; will cling to the walls of the sick-room, to books, furniture, etc. They may be carried in the hair, clothing, etc., of attendents and visitors, and may be by the physician attending. They may be carried into and poison the water supply; may be carried into the dairy or milk closet, and taken into the system with the cream in our coffee, or fed to children in their bread and milk.

How may they be destroyed and their distribution prevented? The moment a case of diphtheria is recognized, (as an illustration), the patient should be put to bed in the airiest, sunniest room; and abundance of air provided; let in the sunlight and keep the temperature as near 65 or 70 as possible. The doctor then described the course of treatment that should be followed in handling the disease. The health officers should have no more hesitation in providing a place for the proper isolation and treatment

of a case of diphtheria or any other communicable disease than they would have for the treatment of a case of small-pox, where it is not possible to follow the directions and secure the conditions described. In a case of the latter disease, the community will compel the observance of these or similar precautions. Why not in case of diphtheria, scarlet fever and other communicable diseases, where danger to health and life are much greater than in small-pox? As ordinarily used, disinfectants lull into false security, simply disguising one bad smell by substituting another. To attempt to purify the air of a sick room, made foul by the exhalations of the breath, by the use of carbolic acid, etc., is simply to add to the danger instead of lessening it. Pure air in abundance, circulating freely, is the best disinfectant. Nothing else can take its place, and it costs nothing, except the effort to open the window. Fresh air is as necessary at night as in day, and is as pure. Additional covering may be required but no less air. The precautions necessary to restrict diphtheria are applicable to all other communicable diseases. In typhoid fever the danger from direct contagion is probably much less than in most other infectious diseases, and entire isolation is perhaps not so necessary as in small-pox, diphtheria and scarlet fever; but the same care in the disposal of all excreta must positively be enforced. They contain the germs of the disease, and the excreta from a single typhoid fever patient, if carelessly disposed of, may poison the water supply of a hundred well persons and give them the disease. While it is true that all communicable diseases have each its origin in a specific cause, it is also true that location and unsanitary surroundings have much to do in multiplying and intensifying that cause. Damp, unventilated basements, cesspools, stagnant water near houses, bad air in the rooms seem to form a nest in which the germs of these disease grow and multiply and increase in intensity, and when they seize upon their victim in such a locality,

with a system already poisoned by the surroundings, the conflict is generally short; and the danger of infection from such a case is much increased. Pure air, pure water, dry and cleanly surroundings are safe-guards that can no more be neglected in these than in other forms of disease. Practically, perhaps, all communicable diseases are only controllable; possibly preventable. We can if we will keep them within bounds, and, as the nature of their poison and its different modes of communication become better understood, may be able in time to altogether suppress them. Thanks to the great advance in medical and sanitary science, we know something of their origin, more of their nature and habits, and instead of accepting and patiently submitting to them as Providence, to be borne, we look upon them as enemies to the peace and happiness of society, and demand their extermination.

THE BEST METHOD OF DISPOSING OF THE DEAD

was Dr. Frederick Gundrum's theme. What method was first resorted to is not known, but within historic times methods have varied with different people according to their religious sentiments. The ancients employed two principal methods, viz: inhumation or burying, and cremation or burning. Rome and Greece burned, while China, Egypt and Judea buried in one form or another. As the belief in immortality spread throughout Judea, the stronger grew the attachment to inhumation, and the advent of Christ, together with his death and resurrection gave the inhumation process the sanction of heaven itself, and dealt a blow to cremation from which it has not recovered. The converts to the doctrines of Christ in Rome and Greece gradually abandoned burning, so that at the end of the fourth century there was but one method among civilized nations. With the feelings of individuals or nations, be they moral or religious, this paper does not deal; it runs in a different channel, viz: the sanitary aspect. The dead human body is subject to the same laws as other dead organic matter.

Decomposition, more or less rapid, sets in according to the favoring circumstances of heat and moisture. In a few hours the deadliest poisons form, rendering quick disposition of the body absolutely necessary. The prevailing method of disposing of the dead will be first considered. The first question is, how long shall a body be allowed to remain among the living? The cause of death should be considered an important factor. A person who has died of a highly contagious disease, such as diphtheria, malignant scarlatina, etc., should not be allowed to remain in the house longer than twelve hours. Such bodies ought to receive attention immediately after death by the plentiful use of disinfectants, etc., and placed in the coffin as soon as possible and not exposed again.

The rapidity of decomposition must be taken into consideration in those bodies not dying of contagious diseases. In hot, moist weather some bodies undergo very rapid change. The retention of such remains is extremely unwholesome if not absolutely dangerous. Much has been done by undertakers, however, in arresting decomposition, and bodies can now be much longer retained than formerly. The use of solutions containing toxic agents should, however, be protested against. This method of arresting decomposition has and is likely to cover up homicide and thus shield the worst criminals known to the law. In Germany, France, Austria, and other countries, preventive materials must be free from all poisonous agents. The lighter the garment, like the old fashioned shroud, the more quickly will it succumb to the ravages of decay. The coffin should be made of the most perishable wood, and lead, zinc, etc., for coffins should be strongly condemned.

Various disinfecting and absorbing agents have been used with advantage, placed around the body to subdue the odor of decomposition, such as charcoal, tar, etc., mixed with sawdust or finely ground bark. Well dried, finely powdered peat is one of the best materials for this purpose.

The legislature has wisely interdicted the carrying of bodies of those dying of contagious diseases on trains or the holding of public funerals. It would be equally as sensible to legislate out the fashion of exhibiting the dead in churches and other public places.

The final resting place of the body should be a sufficient distance from the village or city as not to interfere with the latter's growth. An elevation should be selected with forest trees, away from sources of drinking water, and out of the way of prevailing winds. Cemeteries are often started as private enterprises, regardless of fitness except as a financial basis. Committees are appointed by village boards and city councils who locate cemeteries, not one of whom understands a single principle that should guide them in their responsible duty. This beautiful little city, if it continues to bury its dead in the new cemetery and use ice out of the old pond, will soon have the *pleasure* of drinking the percolations from their departed friends.

In times past graveyards were located in the heart of the town, around churches and even under dwelling houses; but the pernicious influence of this became recognized by the more enlightened nations, who interdicted it by law. The code Napoleon placed the distance at forty metres. Italy makes it 200 metres. This is insufficient—the further the better. The earth should be dry and porous to be fit for burying puposes. In order to obtain a comparatively harmless and rapid decomposition, we must have a free circulation of air, sunshine and moisture.

It is evident that the danger from inhumation is by infecting air and water. Although air is the least of the two evils, investigation has proven beyond a doubt that foul air has seriously influenced the health of individuals living near burial places. It is from contaminated water that the most serious results are found. Increased sickness and mortality in the vicinity of the old cemeteries of Paris and repeated chemical analyses prove this fact.

It is now known that disease germs may lie dormant in the ground for many years, waiting for a chance to produce disease and death again. Knowing these facts, exhumation should not be permitted unless it is established that the individual died of a non-contagious disease. It should be made one of the duties of health officers to examine well and spring water, if used for drinking purposes in the neighborhood of cemeteries, to see that it contains no organic matter.

The body burns whether placed in the earth or fire; in one case it takes 10 to 20 years, and in the other so many minutes. Cremation is the proper and scientific way to dispose of dead organic matter. When the body is cremated there is no further fear from disease germs in the body. The only plausible objection that has been offered against cremation is that in case of homicide through the administration of deadly poisons valuable evidence might be destroyed; but this is not a serious objection in the face of the many advantages gained. All innovations in sanitary science have had to fight their way inch by inch. Vaccinnation had a hard struggle, but came out triumphant, and so we predict for cremation a glorious victory, a triumph of good sense and science.

ORIGINAL CONTRIBUTIONS.

SHOCK.

ITS ETIOLOGY AND DIAGNOSIS.

C. H. LAWTON, M. D. Wilmington, Delaware.

Read before the I. H. A., Washington, June 14, 1884.

Shock is pre-eminently a disease of the brain and nervous system. Whatever produces a disturbance of the nervous fluid may be its cause. Mental and physical im-

pressions; severe injuries; emotions caused by nervous excitement; fright; violent fits of anger; sexual excesses; menstrual irregularities; difficult and retarded labor; sunstroke, and many other morbid conditions so numerous that to define them in all their diversified forms would be quite impossible.

What is this vital force? this wonderful fluid, a disturbance of which is the one grand cause of all these derangements of the nervous system and, through the nervous system, of every part of the human organism?

In the light of psychological research, I ask the physiologist of to-day to solve this grandest problem of human life, but I ask in vain.

We know that brain and nerve tissue occupy the highest rank in the scale of material substances. The brain is the organ of the mind, the medium through which impressions are received and thought transmitted, but the brain and nervous system can no more perform their functions without a supply of nutriment adapted to their needs than can the function of digestion be performed without food, or that of respiration without the atmosphere.

To perform its function the nervous system must be supplied with nutriment corresponding to its needs, which when digested (so to speak) and assimilated becomes what is known as nerve force. Now I contend that nature never makes a demand, but that we find a corresponding supply in nature to meet that demand. For instance we have a digestive system that demands food, and nature furnishes it in abundance. We have a respiratory system that demands atmosphere and we have it without money and without price. We have a nervous system that demands a vital force and nature, ever indulgent, yields a bountiful supply.

Again I ask: What is this vital force, this perfection of all material substances, the connecting link between mind and matter? Is there an element in nature corresponding to it? Let us see;

By an effort of the will a current of this vital fluid passed through the nerve will cause it to vibrate; will cause the muscle to contract, and an appreciable effect will be produced upon any substance coming in contact with the tissues involved.

Is there any element in nature outside of the human organism by which this phenomena may be produced? I answer, yes. Pass a current of electricity through a nerve, and without any effort of the mind the same phenomena may be observed.

I do not claim that electricity is identical with the nervous fluid, but I do contend that it is analogous to it. That it has the same adaptability to the nervous system that the atmosphere has for the lungs, or that the solids and fluids have for the stomach. That after being taken into the system, digested and assimilated, if you please, it becomes the vital force, the vice-gerent of the mind, the connecting link between mind and matter.

Assuming these propositions to be correct, we have no difficulty in tracing the etiology of shock, it being governed by the same laws that control all electrical phenomena.

Any disturbance of the electrical forces of the body is, to a greater or less extent, shock. If the derangement is slight it may result in only a slight indisposition, but if it is characterized by overwhelming emotions, injury, or violent agitation of the nervous system, we have all the alarming symptoms of shock.

Diagnosis: The patient suffering from shock is cold, faint and trembling; the pulse is quick and almost imperceptible; there is great mental depression, incoherent speech, anxious expression, vacant stare, cold sweat, nausea and sometimes vomiting, with relaxation of the sphincters. In extreme cases the depression may be so great as to cause collapse, followed by syncope and death in the course of a few minutes or hours. In the majority of cases however reaction comes on and an equilibrium of the distributed

forces are gradually restored. Serious constitutional dyscrasia is also sometimes developed as the remote effects of shock, probably because the tissues involved have become incapable of proper nutritive action, thus retarding recovery, often inducing incurable chronic diseases and occasionally terminating in extensive local inflammation.

THE LUCKY PRESCRIBER.

M. D. LUMMIS, M. D., Chilcothe, O.

There is no optimist of us all, but has at times his easy-going spirits ruffled by a more or less irritant envy of his more prosperous fellows, be he ever so tried and true a philosopher. Perhaps in no other profession are the ultimate causes of success so obscure, or results so impossible to foresee. Of the undue success of a certain class I wish to say a few words. I have taken for my text the type of the class, the so-called "lucky prescriber," a colloquial phrase enough, and essentially narrow, but expressing to the lay, and even to the professional mind, often, a very wonderful phenomenon.

This man or woman, is to the conscientious, studious and cultivated physician, his dearest foe, because he is of his own household, and flourishes more rampantly among the followers of Hahnemann than in the school of the so-called "regulars," because symptomatology being his chief glory and cause of life he finds in the Homœopathic Materia Medica his best pabulum. His faults are as insidious as his methods are pernicious, because seemingly negative.

His practice is large and grows yearly. His *clientele* are of the enthusiastic and proselyting type, and his career is, to all outward seeming, one of smooth sailing and deserving worth. He is apt at times to make an egregious and perhaps fatal blunder, but that is soon lost sight of, explained away, or covered with the glory of loud-voiced

successes, while even those of his patients, more thoughtful and rational, who lose faith in him and turn to others, find it difficult to formulate their dissatisfaction. This physician is apt to be a person of quick intelligence about trifles, a keen searcher for outward details, and has a fair share of ordinary common sense, of an essentially common kind, and is well up in the needs and ways of the sick. Above all symptomatology is his *cult*, and his exactitude at matching remedies and symptoms, and his memory for "key-notes" is marvelously good.

Here, however, his virtues end. Of the subtility of pathological processes he knows nothing and cares less; though able to reel off glibly enough the nomenclature of disease, and rushing in among the great "why's" and "how's" of pathological science, where the more learned and more modest fear to tread. He is utterly incapable of any logical reasoning, nor sees the need of it; ignores the necessity of correct diagnosis and prognosis, while watching for some trifling symptom, while the every-day uses of scientific, solid and constant study are neglected and despised by him. But withal he flourishes like a green-bay tree, and the cause of true homœopathic scientific medicine suffers grievously by his advance, for this man's cases are never hidden under a bushel, but are written and talked of far and wide. He sends glowing but unscientific accounts of his cures to the magazines, and writes gushing stories of chronic cases cured by some obscure remedy, illy-proven, to which he was led by the noticeable fact that "the patient was better in a rocking chair" etc. *ad nauseam.* Doubt a cure, or pause for a countertest? Never! away with such luke-warm Homœopathy! What has he to do with the sifting of evidence? He knows exactly what the science of healing by drugs is, and he means to stick to it. His opinions are as cast iron as his medical practice is pliable. He is always to be heard talking illimitable "slop" with any and everybody, and it is by his cheap wisdom, shallow

reasoning and absurd statements, that we, as a school, are often judged. Looking upon his success from a bread and butter point of view, it takes a courageous prophet to foresee his extinction, and yet it must as surely come, as the law of progress lives and is active. But not until the scientific method prevails among us, and the rank and file of our physicians grow in sweetness of living and light of mind. As physicians, we "hold in fee simple a vast estate, subject to no alienation, diminution, resolution nor tax, the folly and ignorance of mankind," and yet the coming patient will ask some searching questions, to which the physician will be obliged to give a reasonable answer. We are no longer magicians, but very human men and women, who, however, strive to know and with that knowledge to help and heal. The guesser's occupation will soon be gone.

I have spoken of this "lucky prescriber" as a man, when in truth the most perfect example I ever saw was a woman, but it is not a question of sex, but of temperament. If woman, however, is to keep her so far honorable place in medicine, it is to be largely by her naturally delicate and helpful and intuitions and knowledge of her fellow women's intricate nervous pathology, not by lucky guesses at symptoms or old-women's household recipes.

A crying need of the rising physicians of the present day, is that they should bring to their daily work that strict judgment of facts, that exactitude of action and that careful balancing of all the factors of life, that a scientist does to the work of some delicate experiment. Then, and only then, will the results of our work have weight, and carry with the sense of reserve force, and reason, that will make the word Homœopathy—which, by the way, we will not resign—a shibboleth to all the world, lay men and regulars alike.

"What oft we do best, by
Sick interpreters is not allowed,
What worst, as oft,
Hitting a grosser quality
Cried up for our best act,"

ULCERATION OF THE RECTUM.

W. D. HILL M. D., Greencastle, Indiana, (Indiana Institute of Homœopathy).

I give the above title to this paper and yet the paper may cover more than is indicated by the title. The authors of our text-books have little to say with regard to the disease of the rectum, excepting, in each, will be found a short article on hæmorrhoids. The disease that we now have under review exists higher up in the rectum than the hæmorrhoids. In fact, the hæmorrhoidal veins are not implicated. Yet both of these diseases may, and sometimes do, exist at the same time; when this is the case, the suffering becomes almost unendurable. This disease may be either acute or chronic in its nature, hence we find it in all the stages from simple inflammation to chronic blenorrhœa and ulceration. Sometimes there are quite large patches of the gut that are inflamed or ulcerated; and until a thorough examination is made, little can be known of the true nature of the disease. Too frequently, the busy practitioner makes a great, and it may be an inexcusable mistake, by taking the statement of the patient, who may either withhold or magnify the symptoms, rather than to take the time for a thorough examination. He thus will pronounce it a case of hæmorrhoids, and give the remedies which he thinks to be indicated, but to his astonishment he finds that there is little or no improvement, unless it may happen that there is a complication with the hæmorrhoidal disease, when there will be a slight improvement. After a time the patient becomes dissatisfied and applies to some other physician for treatment. Now, this second physician may improve the case, for if he is a sensible man and desires to place a feather in his cap he makes a critical examination, when he beholds the true nature of the disease, and is enabled to treat it upon scientific principles, and thus effect a cure. I confess that I have made the above foolish,

and I may say, unpardonable mistake, but I have come to the conclusion, that "what was worth doing was worthy of being done right."

If the necessary examination is made, we shall find some of the following pathological changes. It may be a simple catarrhal inflammation like that which is found on any other mucous surface. The smaller capillaries are distended, infiltration, mucous secretion, thickening of the membrane, patches of the mucous surface may be destroyed, chronic blenorrhœa, and ulceration. Now this, upon examination, is found to be high up in the rectum above the second set of sphincter muscles, and can only be properly and satisfactorily investigated by using a wire speculum made for the purpose. It is but natural that we should inquire, after making the examination, what has been the cause of this trouble.

In the first place, we should be aware of the fact, that the entire mucous membrane is subject to catarrhal diseases, or that certain atmospheric or electrical changes produce diseases of the mucous membrane. These changes effect the terminal nerve fibres that communicate with the mucous surface. These changes on the nerve fibres produce a change in the arterial circulation, causing either too little or too great a flow of the blood to, through and from the parts, so that in a short time we find a local disease of the part is set up. This, then, may be and is, one cause of the disease. Another cause is from the use of purgative medicines. Too many have been taught that it is necessary for them to give themselves "a thorough cleaning out" about once in from seven to thirty days. The action of these purgatives is anything but natural. They are disease producing. Every one who will stop a moment to think will acknowledge the truthfulness of the universal law that "action and reaction are always equal but in opposite directions," and yet action may be so great as to destroy the object acted upon. When this is the case, local disease

is the result, which is too frequently the case in the use of purgative medicines.

Another cause is the use of medicated injections. In some cases, I have not the least doubt, that worms are the cause. In women it is frequently caused during pregnancy by the pressure upon the parts, but, the greatest cause, and the one most frequently found to exist is constipation. The feces remaining for a long time in the folds of the rectum, become an irritant, and when the rectum becomes impacted the passage of the large feces denude the gut of its mucous surface and then keeps up the irritation.

It may be well for us to inquire for the leading symptoms of the disease. There is found a burning, throbbing, tearing pain. The sufferer says that it appears to him that there is something sticking in the rectum which causes him to use great exertion to force it out. This state of things is always worse after an evacuation; so that he is compelled to make many unsuccessful attempts. There is a constant desire to evacuate the bowels.

Tenesmus: In some cases the bladder is in sympathy with the disease, causing retention of urine and even strangury. If it be a woman that is diseased she will be troubled with leucorrhœa, and it may be with prolapsus. The bowels are nearly always constipated, yet the stools may appear natural, excepting covered with mucus or slime which may be colorless but more frequently tinged with blood. This is the acute form. In chronic cases the character of the pain is not so lancinating, but of a dull, aching nature. In this case, the most prominent symptom is the constant discharge of a thick, yellowish and it even may be purulent secretion from the diseased surface of the rectum. This secretion is either mixed with the feces, or else it covers the otherwise natural discharges from the bowels. It sometimes oozes from the bowels staining the linen. The chronic form is frequently attended with catarrh of the bladder, catarrh of vagina and uterus, and it may be

complicated with hæmorrhoids. This much for the disease pathologically and symptomatically. We shall now give our attention to the treatment of the disease or the means to be used to effectually overcome the diseased condition.

I am aware of the fact, that we have a local disease to treat, and if it arises from the causes which produce catarrh, then we have as well a constitutional trouble with which to contend. If the disease is cured, it must be by the internal administration of the indicated remedy, and at the same time by the local application of remedies to the diseased parts. Some may think that the disease should be overcome by the internal use of the remedy indicated by the symptoms.

It may be possible that cures have resulted from this method of treatment, but they are the exceptions and not the rule. Some of the symptoms may be controlled by internal treatment. Indeed, it would be thought strange were they not. Some may say, "if some are controlled why not all and thus a cure effected?"

This difficulty presents and is what prevents the cure by internal medication alone. The mucous membrane in all of the cases before the patient applies to a physician is abraded and even ulceration has taken place, hence the passage of the rough, hardened fecal matter passing over this diseased surface keeps up a constant irritation, which prevents the healing process. Then, in order that a cure may be effected, it is necessary to correct constipation where it exists, and then apply a lotion of Carbolic Acid, the strength of which is to be determined by the condition of the parts. It should be applied at no other time than after the fecal matter has been discharged from the lower bowel. It should be applied through a flexible tube, which can be passed up the bowel above the diseased parts, and the lotion should be forced through the tube into the bowel. This should be done as the tube is slowly withdrawn so that the lotion will come in contact with the whole of the

diseased surface. This need not be repeated oftener than twice per week, unless in the most severe and stubborn cases. After the use of the Carbolic Acid lotion, in many cases, Calendula or Hydrastis lotions will be found to answer as good, if not a better purpose, in healing the bowel. If, while using the local treatment, the indicated remedies are selected and given, it will be but a short time before two persons are really made to rejoice.

DIAGNOSIS OF INFANTILE DISEASES.

BENJ. A. BRADLEY, M. D., Cincinnati, Ohio.

Congestion of the cheeks of an infant (except in cachectic and prostrated states of system), denotes febrile or inflammatory diseases.

Transient circumscribed congestion of the face, ears, forehead, strabismus, (with febrile reaction) oscillation of iris, irregularity of pupil, dropping of the upper lids, denote cerebral disease.

Rapid wasting of the features causing deep subobital depressions with prominence and pointedness of the cheek bones denotes diarrhœal affection.

Great emaciation occurring gradually denotes subacute or chronic troubles of grave character.

Downward direction of the axis of the eyes, with smallness of the face and great expansion of the cranium denotes congenital hydrocephalus.

Bulbous enlargement of the fingers and curving of the finger nails denotes cyanosis.

Enlargement of the spongy portion of the bones denotes rachitis.

A thick meibomian secretion of a puriform appearance between the eyelids denotes a state of great depression.

Passive congestion of the vessels of the conjunctiva denotes the near approach of death.

Protracted lividity and lividity produced by exertion or excitement while the respiration is normal, denote malformation of the heart or vessels.

Temporary lividity denotes severe acute diseases especially of the respiratory organs.

Absence of tears in infants, four, or over four months old, denotes a fatal form of disease.

Sharp piercing cry denotes severe cerebro-spinal disease.

Irregular muscular movements, partially controlled by the will during consciousness, denotes chorea.

Contraction of the eyebrows, turning eyes and head from the light denote headache.

Carrying the hand to the ear, laying the head against the breast of the mother or nurse denote earache.

Carrying the fingers to the mouth with fretfulness denotes some disease of the larynx.

Rubbing and pressing the nose denote worms or some intestinal disease.

Moving from side to side denotes some obstructive disease of the larynx.

Hoarse or indistinct voice denotes laryngitis.

Feeble and plaintive voice denotes disease of the abdominal organs.

Perfect quietude, sunken features, unchanged by smiling or crying, denote exhausting diarrhœal affections.

Respiration slow, intermittent and accompanied by sighing denotes cerebral disease.

Respiration intermittent and accelerated, more than in any other disase, denotes capillary bronchitis.

Respiration slight and accelerated denotes inflammatory diseases of the larynx and trachea.

Cough loud and sonorous denotes spasmodic croup.

Cough hoarse and harsh denotes true croup.

Cough clear and distinct denotes bronchitis.

Cough suppressed and painful denotes pneumonia and pleurisy.

Cough convulsive denotes whooping cough.

Cough dry and painless are sometimes found in typhoid and intermittent fevers, difficult dentition, and worms; occurring in such diseases it is sometimes dependent on more or less bronchitis to which the primary disease has given rise.

CLINICAL CASES.

TRAUMATIC TETANUS.

J. H. BURCH, M. D., Conquest, New York.

Mr. L., aged 18, on the 4th of July while engaged in the pleasures of the day, was unfortunate enough to run a sliver under the nail of the ring finger of the right hand, from which he suffered the most intense pain, which, as he described it, would extend from the finger tip to the back of his head. This continued for several days, when he noticed a lameness and stiffness of the muscles of his neck and back. For this he applied to a physician (allopath) for relief. The said physician told him that it was a simple cold which had settled in his back and neck, and gave him a few powders of quinine but without relief. The next day the rigidity of the muscles of the neck and back were more marked; he was incapable of opening his mouth sufficiently to protrude his tongue and deglutition was very painful.

Another physician (homœopath) was now called who diagnosed the case diphtheria and prescribed Mercurius but still without relief. The next morning I was summoned. Upon entering the room I found my patient sitting in a chair with his head drawn back nearly at right angles with his body, his jaws were nearly set, he being able to open them only about a quarter of an inch. Deglutition was almost impossible, and he was also suffering from the most severe cramping pain in the region of the stomach,

for the relief of which he would beg of his father to press upon the afflicted part with all his strength. The pain which had been so prominent in his finger before, had now entirely disappeared; his face was icy cold and covered with a cold perspiration, but his head was hot. The pain in the epigastric region was spasmodic occurring about every 15 minutes, and at the same time his head would be forcibly drawn back, each paroxysm leaving the opisthotonous more marked. The pain in the epigastric region seemed to cause him the most anxiety and for this I gave him Colocynth ^{IX} which entirely relieved him. The father informed me that for several days past he had complained of a bad taste in his mouth, with drowsiness and indisposition; this led me to prescribe Nux tincture twenty drops in a glass half-full of water, a teaspoonful every half-hour. After taking this for an hour-and-a-half, deglutition became less embarrassed and painful, and the facial muscles became somewhat released, but there seemed to be a febrile condition arising, his pulse being 120, and his temperature 100. For this I was led to prescribe Aconite in alternation with the Nux. I must not forget to mention also that cloths wrung out in hot water were applied to the spine with marked benefit.

I was now obliged to leave the case for a time, first having informed the father of the true nature and character of the case and advised counsel. I left the case at 12 M. About 2 P. M. a messenger came to inform me that the case was much improved. He could swallow with but little difficulty, the pain had entirely disappeared, and his neck was not nearly so stiff and rigid as before. He also stated that the physician whom I desired for counsel could not come, and in his place Dr. G——, an Eclectic, had been summoned who arrived at the same time I did. Upon examining the patient we found the pulse 140, and temperature 103°. The spasms now involved the muscles of the back. occurring about every 15 minutes with considerable pain.

The doctor thought my treatment of little avail and said: "We must give Chloral Hydrate in ten grain doses every hour." He being far the older in years and experience, of course his treatment was adopted, and in two hours his temperature ran fron 103 to 107. He than gave Bromide of Potash, ten grain doses without effect. The patient died in an hour.

Could the case have been cured if strict homœopathy had been employed from the beginning, and what would have been the appropriate remedy? [Hypericum was, no doubt, the indicated remedy from the beginning.—H. C. A.]

ECZEMA CAPITIS.

W. J. H. EMORY, M. D., M. C. P., S. O.

Was called to see Miss Edna S., aged four and a half months. Mother stated that she had been under the care of different Allopathic physicians both in this city and in Toronto for three months, but was constantly getting worse: One physician had told her that nothing could cure the babe until it got its teeth, at which time it would cure itself. So, in despair of such a prospect, she had determined, despite her prejudice, to try Homœopathy. While under Allopathic treatment it had had all kinds of ointments applied, both patent and prescribed ones, and had also taken from the Toronto physician quantities of "Cod liver oil" and "Syrup of Hypophosphites." The following is the history of the case while under treatment, as it occurs from time to time in my case book:

January 3, 1884.—Patient has had an eruption on face and scalp since she was six weeks old. Cheeks covered with moist eczema discharging watery pus, forehead and scalp covered with a dry, scaly eczema. Large, yellow scabs form on face, secreting a thick yellow pus underneath, discharge quite profuse, itching sometimes almost intoler-

able; baby very fair, *exceedingly* fat; fed on cow's milk, appetite ravenous; vomits thick curds; alternate constipation and diarrhœa; stools very hard, pale and chalky at first, then loose, containing indigested material. Before eczema appeared its head used to sweat profusely during sleep. ℞. Calcaria carb. [200]; two doses in one day, followed by placebos for one week.

January 10.—Eczema on cheeks drying up; dry scabs on forehead and front of scalp. General health better; bowels regular and natural; does not vomit at all. No discharge from eczema; dry, brown scabs. Continued placebos.

January 14.—Scabs on forehead scaling off, are of a greenish yellow color and as large as a *silver dollar*, skin under scabs seems to be healing, general health much improved, not so fleshy. Calc. c. [200]; two doses in one day and placebos.

January 18.—Face presents a much healthier appearance, only a scab here and there on cheeks, has cut two teeth without causing any apparent inconvenience. Placebos.

January 25.—Baby still keeping in excellent general health. Not nearly so fat. Eczema still improving. The mother says it was better two days ago than now. Calc. c. [200], as before.

January 31.—Slowly improving. Calc. carb. [20m]; two doses.

February 9.—Very marked improvement; face all healed up; only two or three scabs on scalp now. Placebos.

February 14.—Almost well; skin still slightly rough. Child much stronger and healthier in every way, though not nearly so fleshy. Calc. c. [44m]; one dose.

April 24.—Since last record child has enjoyed perfect health, has cut several teeth with no symptoms of any return of the trouble. The only topical application which

was allowed was pure *rain water*, and that used sparingly and with great care.

In this case the special indications for the remedy were found elsewhere than in the *eczema* although that also corresponded to the remedy.

GUN SHOT WOUND.

C. C. HUFF, M. D., Lawrence, D. T.

J. C., aged 25, farmer. This was a gunshot wound of the abdomen; bullet entered in the right side, about one inch above and in front of the anterior superior spinous process, proceeding directly across, and through the abdominal muscles and lodging about one inch from the centre line of the abdomen.

When I saw the patient he was much prostrated, but not suffering much pain. Examination revealed the bullet lying close to the surface, which was already becoming discolored and I promptly removed it. Being in doubt as to whether the intestines had been injured, and not caring to probe too deeply, I placed the patient on Arnica [3] internally, and applications of the tincture in water, externally, and gave a guarded prognosis.

I saw the patient again in about four hours, and was much surprised to see the change he had undergone, instead of presenting any bad symptoms, his condition was greatly changed for the better, he had taken nourishment, and was feeling quite comfortable. All indications pointed to a favorable issue, so I continued the treatment and the patient made a good recovery. Subsequent investigation into this case, and certain conditions arising from it, go to show that the injury was not of as serious a nature as was at first supposed, none of the abdominal viscera having been injured; although the peritoneum must have been very near to the course of the bullet, there were no signs of inflammation.

W. C., aged 35, farmer. This case was an injury to the hand, in consequence of a loaded brass shell exploding, while he held it in his hand, endeavoring to remove the primer. The result of this explosion was a lacerated wound of the hand, extending over or involving about one half of the palm of the hand, forming as complete a trap-door appearance as can be imagined. The patient rode twelve miles to my office. When he arrived his sufferings were intense. I gave the wound a thorough and complete examination, carefully cleansed the burned and charred portions of it, and adjusted the edges as neatly as possible, not deeming it best to use sutures; a compress of lint, saturated in carbolized oil was placed in the wound and the whole hand covered with the same dressing.

The patient left my office feeling quite comfortable and in the course of a week the hand presented a very favorable appearance; there was some little suppuration, but not a great deal, and recovery was very good. Motion of hand was not interfered with in the least. There are several features about this case that are interesting; first, the hæmorrhage was slight, due no doubt to the laceration primarily, and the effects of the powder secondarily. There must also have been a near involvement of the palmer arch.

SPORADIC CHOLERA.

By JAMES DICKSON, M. D. Canal Dover, Ohio.

Mrs. J., aged 50 years, was taken violently sick on the morning of August 7, 1882. Diarrhœa and vomiting like clear water; feels cold to patient; followed by the characteristic rice-water discharges; cold, clamy sweat; cramping of all the muscles; loss of vision, as if a film over the eyes; rapid and extreme prostration; evacuations following one after another in rapid succession, nearly filling the vessel every time; discharges feel as cold as ice to the patient;

lips blue; nose pinched; skin looks as if it were drawn tightly over the bones.

Treatment:—One o'clock, A. M. gave Veratum alb. ^{cm}, Powder dry on tongue, then prepared one powder in one-half tumbler water, teaspoonful every five or ten minutes, if necessary. Three more evacuations and three doses medicine. For twenty-four hours there was good improvement, when there sat in a most fearful thirst for cold water, in small quantities and often.

Arsenicum alb. ^{1m}. One dose removed this symptom along with the extreme weakness, and patient recovered.

Note:—In a patient where the vitality is reduced so low, would not the same remedies in a low attenuation produce an aggravation, thereby destroying the patient's only chance of recovery. I shall never forget the words of Father A. O. Blair to me once when I related a case to him which I had treated and the child died. Belladonna covered all the symptoms and Bell.^{3x} was given in repeated doses every hour for twenty-four hours, child growing rapidly worse. Counsel was called, Bell.^{3x} still persisted in. Twelve hours later the child was dead. "You killed your patient," came in measured tones from the good old man, "you should have given Bell. 55^{m}, or higher. You smothered the vital spark which you should have kindled." That remark is still as fresh in my mind as the day it was uttered. I never have a patient that is getting worse under my treatment but what I think of Father Blair's remark. It has done me more good than all I ever read on the potency question.

CHOLERA INFANTUM.

Seven o'clock A. M., visited patient, found her nearly pulseless; feet and limbs cold to knees, also hands and arms to the elbows; fingers and toes blue; cold, clammy sweat on forehead; eyes expressionless; nose pinched; lips blue; tongue cool and sticky; vomiting and diarrhœa

every eight to ten minutes, both discharges at the same time, followed by complete prostration; discharges without odor; and resemble rice-water. Move the child and she would have another discharge. Prognosis very guarded.

Treatment.—Veratrum Alb, C. U., one powder dissolved in one-half goblet of water. Teaspoonful after every evacuation. First dose followed by thirty minutes rest, then another spell of the vomiting and purging; another dose with two hours rest and a return of the circulation and warmth. Left patient with orders to give no more medicine, unless there was a repetition of the symptoms. She had slight symptoms of a return and received one more dose of the medicine.

July 1.—No evacuations since three o'clock P. M., yesterday. Nurses and appears bright, received no farther treatment.

ERYSIPELAS.

Mrs. S., aged 30 years; mother of two children. Again pregnant in her sixth month. Previous health good.

January 30, 1880.—One o'clock A. M., waked her husband telling him to get a light and see what was the matter of her head and face, said it felt so big and heavy, as if it was swollen to its utmost extent. Nothing could be noticed and giving it no further thought they dropped off to sleep until three A. M., when she was suddenly awakened with a severe chill and to find her face and scalp completely covered with large yellow blisters; eyes swollen shut, with severe, sharp, stinging pain; water sack breaking and discharging a yellow, watery, sticky substance in abundance, staining everything yellow that it come in contact with. Visited patient at five A. M., found following condition: Pulse 130; skin hot, with severe itching; extreme restlessness; scalp and face extremely swollen; there was a small depression at the point of the nose and eyes. She could still open her mouth, although the lips were covered with those water blisters; tongue firey red at tip, and edges; brown

coating in center; severe bone pains, as if the bones would break.

Diagnosis was very certain. Not so, by any means, was the prognosis.

Treatment.—Rhus Tox [200]. Ten drops in one-half tumbler of water. Teaspoonful every half-hour until improvement, then lengthen the intervals to two hours. Locally, twenty drops of Rhus tox tincture to one pint of water; warm cloths, wrung out of this solution and sufficiently large to cover head and face.

Nine P. M., good improvement; no more new blisters formed; swelling subsiding; not nearly so restless; less aching of her bones. Continued same treatment, and within a week she was as well as ever.

DIARRHŒA.

Miss E. P., aged 25 years, was taken sick in the evening of September 6th, 1877; first with an uneasy sensation in her bowels and quamishness, followed by diarrhœa. After the first few evacuations she had severe pain around navel with gagging and constant nausea; stools greenish and bloody; constant inclination to go to stool.

Treatment.—Ipecacuanha [1M], a powder in one-half tumbler of water; teaspoonful after every stool. A few doses sufficed. No other medicines used.

CORRESPONDENCE.

PROFESSOR GUERNSEY.

Editor Medical Advance:

It is gratifying to see our old friend, Prof. Guernsey, in print again. I know that his cures will be discredited by many, yes, the majority of our colleagues, but his cases so smack of pure Homœpathy that they are refreshing and hopeful for the future. Let us, in all candor, examine the grounds of encouragement. The objector says such cases are simply cases of spontaneous cures. There is no virtue

in a 20^{m}. potency and his claim of a recovery, based upon his prescription, is unwarranted.

This is precisely the answer which has always been made by the old school, and refuted by the whole history of Homœopathy. If the question cannot be settled clinically it cannot be settled at all. It is not a question to which we can apply mathematical discussion any more than to other phenomena of life. What is Prof. Guernsey's position as prescriber, and, what his success? He follows the law of similars more perfectly, probably, than any other man in our school. (Excuse personalities). He shows a masterly familiarity with the Materia Medica. He selects carefully, discriminately—more than any other, unless it is the immortal Dunham, has a reason for his remedy, based upon the most perfect correspondence. This is Homœopathy. Does he cure is the question? We think his record justifies his methods. But let the skeptical still doubt, what then? Are they more successful physicians? The man has not a little conceit, I opine, who affirms that he can show a better clinical record than Dr. Guernsey. Unless he can, it comes to this, that if the doctor is as successful even, and his doses are *nil*, other potencies do not decrease the mortality, and we are going over the same ground among ourselves that has been fought and won from our old enemy. Well, then, if these cases be no cures at all, further than the simple efforts of the *vis medicatrix naturæ*, why not be consistent and let alone drugs entirely? Take up the system of mind cure; this is better, provided Allopathy or Eclecticism or what is called Rational Homœopathy can do no better. The logic is that when a man's record is first-class, giving no medicine, that he who gives medicine with less success, had better drop drugs altogether. But let us examine this question a little closer. It is conceded that a majority of acute diseases will recover without drugs, being amenable to the law of self-limitation. Only the worst cases will die left to nature purely. Then what?

If a recovery follows, does it not follow by the help of agents used in harmony with the law of similars? He who denies is no Homœopath. He who affirms must determine both the correspondence and the proper dose. The crude drug may meet this need and the 20^{m}. may do the same for all that we as yet know; which best must be determined clinically and in no other fashion. The man who tries both dilutions is presumed to be the better judge. The *pooh-ing* argument does not amount to much at this age of the world. Too many startling revelations are being made. But in the treatment of chronic diseases, where this *vis medicatrix naturæ* has been exhausted, is the field where most valuable comparison is to be made. Who cures these chronic diseases? The man who is most distinctly Homœopathic. I am not afraid of being challenged when I assert this. Is the testimony of Dunham, Lippe, Hering, Guernsey, Wesselhœft, Gray and a host of others to go for nothing? Certainly not until the man arises who can show better work. Now let the skeptical take the same dilutions which these men have used and as completely apply the law of similars and see how they come out. None but the student, the pains-taking physician will venture to try to be sure. None other will succeed anywhere. Homœopathy is an exacting system of medicine, and he who is not willing to toil had best not enlist. We concede difficulties, but he who masters best these difficulties is entitled to speak. Our admiration consists in the clearness of analysis shown in the cases, the close differentiation, the full mastery of the Materia Medica, the confidence in the remedy when decided on. All of which is to be commended to the young physician. Where we all fail is in the thoroughness of our work. In chronic diseases no work which is not complete to the extent of finding the true correspondence will amount to anything. If so in chronic, doubtful if it be not so in acute diseases also. These cases have more than my admiration even. They go with vol-

umes of others to show that Homœopathy promises every thing in the future to the sick. If it be so potent, when fully applied and in the wisest fashion, we are to see such diseases as cancer and phthisis amenable to its law. I am even now at work hopefully upon the latter class of cases, doing that which I once thought impossible, and which I cannot report without being suspected of incompetency in diagnosis.

Have we a law of cure? I ask all candid minds of our school. If so, where are the limits of one of nature's eternal laws? To apply the law is the difficulty.

G. N. BRIGHAM, M. D.

GRAND RAPIDS, MICHIGAN, June 25, 1884.

A REPLY TO "A SENIOR."

Editor Medical Advance:

In your December number, pages 335 and 336, "A Senior" wishes to know if the doctors will be kind enough to give *the reason* for anæsthetizing a patient, who was already in a comatose condition. Our reply is very short and simple. Our patient was comatose, that is unconscious. We administered our anæsthetic, not to produce an unconscious condition, but to keep our patient quiet while we were removing the piece of bone, and dressing the wound. Our patient was unconscious, although, at times he was thrashing about with almost supernatural strength.

He says "it must have been a mistake and should not be allowed to go out to our profession unquestioned, and that we will be subject to ridicule from our old school brethren."

We think such articles as "A Senior's" should not be allowed to go out to our profession at all. And such articles as his, certainly will be subject to ridicule, not only by our old school rivals, but by our own school as well.

B. S. HUNT, M. D.

TAWAWA, OHIO, March 7, 1884.

A KICK.

MR. EDITOR:—Every one knows your failing. [What, not one little foible kept hidden?] Among other things, you will go home and write up the late Deer Park meeting and tell your readers that it was all just too lovely for anything. [Yes, sir; we've committed that crime already]. That's because you have a chronic cardiac ramollisment. If you were a man of truth like Beckwith, or Porter, or Arndt, you would tell your readers a different story. [This is altogether too personal, and the printer will please omit it]. Could anything be more dreary than the opening days of Sunday and Monday with the coldness and dampness of the mountains unrelieved by more than a solitary fire? [Give it up. Try Dake's report on the Revised Materia Medica]. What sense is there in having to fee every waiter in order to get anything done? [None whatever. Our plan was to use a self-cocking revolver and it worked well and required no money, only a little nerve]. What sort of machinery was it that sent us to the top floor when we had engaged rooms on the lower floor a month before hand? [My dear fellow, it was the stairs, there being no elevator. A month before, your room was below. Things were upside down when you arrived]. Will you tell your readers the honest truth about the convivial habits of some of the members and give us the names of the gentlemen (?) who so far forgot their manhood as to—[It is well to stop right there. Doctors are a priviledged class; and those who are proving alcohol must be expected to show symptoms of the drug. You must distinguish between common inebriety and the pathogenentic effects of whisky "Taken for medicinal purposes"]. Do you call it "hotel accommodations" when a poor fellow like me with scores of others had to bunk in a sleeper on the side track? [Next time bring your wife; you have yet to learn that married men are a privileged class and that widowers and bachelors must expect to get side tracked].

Now, Mr. Editor, you probably will not answer any of my questions or even print my note for fear of hurting somebody's feeling, but I want your readers to know that some of us had a miserable time, and we propose to speak right out in meeting. Deer Park forsooth! There wasn't a deer within a hundred miles of the spot. [There you miss it again. You didn't see all the spooneying that went on between Doctor —— and ——]. Mr. Editor, if you think you can fool us much longer this way you will find yourself mistaken. Passes for editors and half-fare for members and glowing promises of superb accommodation may bring a crowd, but it doesn't follow that the crowd will be entirely satisfied with its entertainment. ANNEX.

[The last item settles the matter. The archangel Gabriel couldn't entertain a convention so as to please all, but next to Gabriel give us the B. and O].

FOREIGN.

Editor Medical Advance:

Spain seems so far off that Americans get but little information from here, but I can assure you that Homœopathy, has a bright career ahead of it, a future which promises to show the triumph of science over dogmatism, and that our profession in Madrid is doing much to bring honor to us from all the world. Yesterday I called on one of the prominent young physicians, Dr. Ortega, and had a pleasant talk about Homœopathy, with especial reference to its condition abroad, and the result I give you all with his glad consent, for America has taken the lead, and he rejoiced to return in some way the many favors for which he was indebted; and when I mentioned THE ADVANCE, Dr. Ortega thought he was talking more to an old friend than to a visitor from six thousand miles away.

A few years ago, Homœopathy was unrecognized here; but now, thanks to the liberal ideas of some, we are not only

tolerated, but protected and placed on as equal a footing as any one. As is the case with all European countries, an equivalent to the bachelor's degree in some branch is a necessary door to the halls of medicine, and then after that, the degree here of "Licenciate of Medicine," must be obtained from the Royal College, before one is allowed to practice. Then, if the physician chooses, he may present himself for matriculation at the Homœopathic Institute. The course is a graded one of four years; two in the theory and principles of Homœopathy, two in regular practice. At the end of each two years there is an examination, when the candidate receives a diploma authorizing him to proclaim himself a legitimate son of Hahnemann. To be sure, many say, "what is the use of obtaining this degree, as long as we are Licenciates?" but these, though they may attend certain lectures and administer homœopathic medicines, are not protected —they cannot claim merit for their services as such, and are not recognized as Homœopaths by the more open professors. In Madrid, altogether, there are about one hundred who advocate Hahnemannian principles; of these, forty are well known and respected, and have a good income; the rest, like a percentage in every country, where there are brilliant and common-place men, get along the best way they can. But isn't that doing well for a city of 45,000 inhabitants, in the most conservative and superstitious country in the world? Their patients are from all classes. The physician of Isabella, the queen dowager, is a Homœopath, and my friend told me that the poorest begin to see and appreciate the advantages; for most of the physicians have studied abroad; they are not tied down to inherited dogmas, and when they offer their services on equal terms with the others, those who effect a cure are the ones chosen.

The hospital here, which he was anxious to show, and I to see, lies on the outskirts of the city, and as we walked slowly through the old streets of Madrid, we chatted about

this and that of common interest till he told me the history of this Hospital of San José. Some four years ago, a petition was sent in to the city government, requesting a modest ward or so in the public hospitals for the purpose of showing the efficacy of Homœopathy, and for a careful, critical comparison between the two schools and theories of medicine. We, in America, know the approximate result, though for a European city, I think it tolerably liberal. The petition was granted—but on what conditions? The Homœopaths could have their ward but they must pay for the attending physicians, they must pay for the nurses, (which here are always sisters of charity), they must pay for linen, for medicine, in fact, pay for everything except for the supervision of the board of directors. But we were too strong here to submit to such an unfair trial. Instead of paying for everything except control of themselves, the Homœopaths decided to build a hospital of their own. One generous nobleman gave about $25,000; others contributed also, and now they place for the help of the sick and suffering, the building we just reached, as Dr. Ortega finished his account. "Let the patients die or get well, as the case may be, but let it be through Homœopathy," he said.

The edifice itself is very pretty, two stories in height, and forms three sides of a hollow-square, or *Patio* which blooms with flowers, and offers a cool, shady retreat for the convalescent. The main hall-way is devoted to the offices of the secretary and of the directors; above these is a large amphitheatre for lectures, clinics, and general meetings. One wing has the wards for men and the other for women, but at present they are obliged to dispose of chronic and infectious cases, as they have no isolated building. Adjoining each ward are two private rooms for patients who are able to pay for accommodation, but otherwise anything or nothing is given, according to each one's circumstances. In the basement are the kitchen, storeroom, lavatories, etc. Altogether, there is room for 52

patients, but at present, the number is more limited, owing to a lack of nurses, and to the fact that these are occupying temporary quarters here, while waiting for their permanent home, in a separate building nearly completed, in which is to be located the director and family, the sisters of charity, and the internes of the hospital. Everything is complete in arrangement, everything perfectly clean, and much more is done for the health and comfort of the patients than in any public hospital of Madrid, and we should rejoice with our friends here that Homœopathy makes a favorable report, not only in regard to the treatment of humanity, but also of its special branch, the sick, for statistics show—, well, I am not going to give you any statistics.

At this time of the year, the journals are full of statistics, quoted by learned men in the conventions, to prove the value of their favorite drug, or the slaughter that allopaths make, when not using it in small doses according to similia, but as I am only an humble amateur reciting my wanderings I refrain from all this, and simply say adieu, sending my own and the Madrid physicians' well wishes for THE ADVANCE.

A. B. H.

MADRID, June 24, 1884.

A CORRECTION.

Editor Medical Advance:

In your July issue, referring to my late report to the American Institute, I am quoted as reporting pellets from Messrs. Boericke & Tafel as belonging to my 5th grade (page 37) vice 2nd grade, as was reported in my paper.

As an act of justice to Messrs. B. & F., I beg that you will give this correction place in the next number of your esteemed journal, and also oblige your friend.

J. EDWARDS SMITH,
Chairman Bureau of Pharmacology.

SELECTIONS.

CHOLERA INFANTUM.

AD. LIPPE, M. D., Philadelphia.

Cholera infantum, or, as this form of disease is generally termed, "summer complaint," comprises all the various diseases of the digestive organs and brain with which children are attacked during the summer, and most frequently during dentition during their second summer. The various forms of diseases of the digestive organs are these attacking the stomach as its principle seat, as catarrh, acidity, inflammation, ulceration, or softening of it, or the intestines alone are the seat of the disease, as an erethematous inflammatous inflammation, catarrh, excoriations, and ulceration.

The disease often appears in different forms, at different seasons and in different localities.

The brain is very frequently the seat of the disease from the very inception of it, and the erroneous idea that a later stage of the disease itself develops the various cerebral symptoms is only a proof that the first observations of the state of the patient's disturbed health were made inaccurately, and that the cerebral symptoms had been entirely overlooked. The most frequent brain disturbance, from the very beginning of the disease is hydrocepholoid.

If the observing healer has found the cerebral symptoms (dilated pupils, hot head, cold extremities, drowsiness) present in a child during the hot weather and the prevalence of cholera infantum, he may avert all further anxieties (especially if the child also vomits) by administering a single dose of Belladonna.

The knowledge of the seat of the disease, its name, or a knowledge of the stage in which we find the disease, does not indicate a particular treatment, or indicate the truly curative remedy; but this knowledge is nevertheless necessary, for it facilitates the examination of the sick, and it

enables the physician to classify the symptoms obtained, and to consider as most important in each individual case, the symptoms indicating the progress of disease in this or the other locality, and the changes or suppression of one or the other function of organs. As an illustration of these propositions, let us turn to a child supposed to suffer from epidemic cholera infantum; we are informed that the child has diarrhœa since midnight, but does not give signs of pain; it lies quiet, its eyes are only half closed, the anterior fontanel is elevated, the face is pale, the wrists and feet are cold, and upon further inquiry learn that the child has not passed any urine since the previous evening; the abdomen is flabby, not hot. It would be useless, in such a case to select the remedy guided by the nature of the evacuations. Here we are presented with a decided case of hydrocephaloid, a case of great gravity, possibly to end fatally within one, or at least, a few days; and we further know that should the patient pass urine within a few hours after the administration of the truly homœopathic remedy (Sulphur in this case), the recovery becomes a certainty, and probably without any further medication. Another child has cholera infantum, and cries most persistently, has done so all night, is cutting teeth, and the distressed mother says this screaming has lasted all night; we have to carry the child all the time to pacify it; it has frequent green discharges from the bowels, preceeded by an increase of pain, causing it to draw up its knees to the abdomen; the abdomen is hot, the thirst incessant, we are sure there is nothing the matter with the child's brain but the seat of the inflammatory disease is in the small intestines. A dose of Chamomilla will soon quiet the child.

In the first case the brain symptoms, with the concomitant suppression of the urinary discharge, stand foremost; in the second case the intestinal symptoms, with the concomitant restlessness and the desire to be carried, stand most prominent.

Knowing that the gravest cases of cholera infantum appear without any previous indisposition, without any precursory diarrhœa, probably with no other warning than a little more sleepiness of the otherwise, to all appearances, well child, and that in just such cases all depends on the proper choice of the first remedy, we must be prepared beforehand to choose right, and administer the remedy according to the Homœopathic law of cure.

It has been proposed to begin the treatment of these grave cases of cholera infantum, having their origin in a disturbed condition of the brain, by administering Aconite and Bryonia in alteration. As this proposition is a violation of all and every fundamental principle of our school, the result will be a failure to cure. First and foremost, the character of the disease, its locality, or its kind, can never serve as a guide to our therapeutic action; much less can the administration of two entirely differently acting drugs, as are Aconite and Bryonia, be followed by salutary results; either one or the other can stand in the proper relation as a therapeutic agent under the law of the similar, never both, and why, then, not adhere to the law, and administer the simillimum?

The therapeutics include also the dietetics, and in cholera infantum it becomes very important to see to it that the proper nourishment is given to the children. The better the dietetics of a child have been understood, and the more proper the nourishment has been from its birth, the less liable will it be to be attacked violently by the ordinary diseases of children during the hot weather. There are general dietetic rules for children laid down in the books, and its all well to know them, but they lead to generalizations; each individual child wants its individual diet, adapted to its individual constitutional condition. The administration of crude substances supposed to be wanting in the organism is based on "materialism;" the substances so wanting, or supposed to be wanting, can at best only be

supplied by food containing them only in a greater proportion than its ordinary nourishment did. The instinct of children will very frequently indicate the requisite nourishment, which then should never be withheld, if it is even contrary to speculative science. In properly nourished children we will rarely ever find a bad case of cholera infantum, and the more we have studied carefully the proper diet of each individual child under our care, the less will they be liable to diseases of the digestive organs. Many cases of children come under the treatment of the physician which he has never seen before, and the more general experience he has gained about the proper diet of children, the easier will he be able to detect what mistakes have been made in each individual case, and he will at once endeavor to correct the erroneous diet.

The erroneous but generally accepted notion that children should be nursed during the second summer on account of the prevalence of cholera infantum during that season causes more cases and is the frequent cause of the great mortality in that disease. There are nine months of gestation, and exactly nine months of lactation (nursing and feeding by the mother's milk). The appearance of the teeth is the first indication that farinaceous food is wanted and it must not be withheld, and as different children cut their teeth earlier or later during the first nine months, farinaceous food should be given as it is needed.

All the dietetics being properly attended to, the chief problem is to find in each individual case the corresponding similar remedy. In grave cases, the choice of a remedy must be made at once, as delay is attended by great danger. It is the aim of these short pages to give characteristic symptoms, and a concise description of frequently occurring combinations of symptoms in this form of disease, with their correspondingly smilar remedy.

We shall first give the most frequently indicated remedies, and then those less often called for.

Apis mel.—The child is inclined to stupor, out of which it starts with a loud, shrill scream. The eyes have a reddish tint. The head is hot. The tongue is dry, but thirst is but seldom present. Tke skin is dry the hands at times cold and blue. Suppression of urine. The abdomen is tender to pressure. The diarrhœa is worse in the morning, always mixed with mucus, sometimes very offensive or involuntary, or containing flakes of pus.

Belladonna.—The child lies in a stupor; it frequently starts up suddenly in its sleep; when awake it is angry and violent. The head is hot, and is often rolled from side to side. The face is generally purple, red, and hot, or very pale and cold. The tongue is red on the edges, or coated whitish yellow, or has two white strips of coating extending down on both sides of the tongue. Thirst moderates, pulse very frequent, small, and hard, occasionally full. Hands and feet cold; the hotter the head is, the colder are the feet. The abdomen is hot. The stools are clay color or green, or consist of white or granular yellow slimy mucus, and very frequent.

Chamomilla.—The child is exceedingly peevish; the gums are very hot, the cheeks are red, at times only one cheek; the child wants to be carried all the time; has attacks of colic, draws its knees up, and seems to be relieved for a short time after a passage from the bowels. Vomiting of food and sour mucus. The stools are green, or green mucus at times mixed with white mucus or chopped; the discharges are hot, excoriating the parts, frequent, sometimes smelling like rotten eggs.

Croton tiglium.—The child has a stool as often as it is fed or nurses. The discharge is sudden, noisy, and violent, consisting generally of yellow water.

Ipecacuanha.—Diarrhœa and vomiting. Vomiting of food and drink as often as one drinks, or vomiting of green mucus. Much nausea, with pale face and oppressed breathing. Stools are of green mucus, or are bloody or fermented.

Natrum sulphuricum.—Frequent attacks of violent colic, with rumbling in the abdomen, relieved by the violent discharge of yellow water with large quantities of flatus. The stools are more frequent during the morning hours, after the child has been taken up and is moved about, like Bryonia.

Podophyllum pelt.—Drowsiness or restless sleep, with grinding of the teeth or rolling of the head. Vomiting of frothy mucus, green, or of food. The diarrhœa is worse in the morning, and the discharges are more frequent at night than during the day. Stools green, watery, or mixed with mucus; or like chalk; profuse and painless. During and after stool, prolapsus ani. During dentition also catarrhal cough and catarrh of the chest. Cramps of the feet, calves, and thighs.

Sulphur.—The disease generally begins after midnight; diarrhœa and vomiting; the discharges from the bowels are generally watery, green, and involuntary; they sometimes smell sour, at other times they are very offensive: vomiting is frequent, often smelling sour (like Calc. c.), with cold perspiration on the face (Veratr. cold perspiration on the forehead). The face is pale, the fontanels open, hands and feet cold the very first morning; the child lies in a stupor with its eyes half open; not much thirst and entire suppression of urine. The child does not scream out violently as under Apis, or roll his head as under Belladonna. In such a case as above described one single dose of Sulphur will suffice to re-establish the urinary secretions and cause the child to sit up again and take food.

Aconitum nap. is seldom indicated, and then only at the beginning of the disease, especially when it has been caused by a check of perspiration, mostly during the night, when the weather has changed from extreme heat to cold. The child is excessively agitated and restless, pulse very frequent and hard, abdomen very hot; much thirst; the discharges are watery and contain bloody mucus.

Arsenicum.—Diarrhœa and vomiting; much thirst for cold water, but everything the child drinks is thrown up at once; hot skin, great restlessness; the child continuously tosses about, changes it position, and cries incessantly. Stools watery and very offensive, or black fluid, or dark, thick green mucus; very great weakness and emaciation.

Benzoic acid.—If, during an attack, the urinary discharges become very scanty, and if the urine has a very pungent, strong smell, and if the urine easily becomes turbid.

Bismuth.—Diarrhœa and vomiting. The vomiting prevails; all food and drink is thrown up at once; the abdomen is bloated, the face is pale, blue rings under the eyes. (Compare Creosote.)

Bryonia.—The attacks return as the weather becomes hot, and are relieved on cool days. (Aconite and Dulcamara have the reverse.) Vomiting of bile, tongue coated yellow, thirst, not frequent, but drinking of large quantities, (Aconite has the reverse); abdomen hot, the child does not want to be moved, (Aconite has the reverse); every motion causes pain in the abdomen and a discharge from the bowels. Worse in the morning when beginning to be moved.

Calcarea carbonica.—Open fontanels; stools gray—like clay, smelling *sour;* vomiting of food, especially milk, *sour;* profuse perspiration on the head during sleep; swollen, distended abdomen, (Sacchar. off.); urine clear, (Benz. ac. has turbid urine), is passed with difficulty, and has a strong pungent, fetid odor.

Carbo veg.—Diarrhœa; stools very putrid or bloody; face pale or greenish; the gums recede from the teeth and bleed easily; abdomen distended; emission of large quantities of flatus; skin cold; tongue and breath cold; voice hoarse or lost.

China.—Painless watery diarrhœa, yellow or blackish or of indigested food; worse after eating (Ferrum has

diarrhœa while eating), and worse at night and after eating fruit, with much tendency to perspire.

Colocynthis.—Diarrhœa with violent colic before, during, or after the stool; compelling the child to bend double, which seems to give relief (the colic of Belladonna is relieved by hard pressure across the abdomen; that of Rhus tox. is relieved by lying on the abdomen).

Creosote.—Diarrhœa with vomiting; the continuous vomiting and straining to vomit predominates; the child resists the tightening of anything around the abdomen, which increases the restlessness and pain; much thirst; gums hot; coldness of the hands and feet. (Compare Bismuth).

Iris vers.—Diarrhœa and vomiting; vomiting of food, bile or of a very sour fluid; profuse, frequent, watery stools. Tympanitis.

Natrum mur.—Watery diarrhœa with colic; incessant thirst with nausea; emaciation beginning at or principally on the neck; abdomen bloated.

Nitric acidium.—Diarrhœa, green, mucous or bloody, or putrid; putrid smell from the mouth; copious flow of saliva; ulcers in the mouth and on the tongue.

Paulina sorbilis.—Green profuse stools, *inodorous.*

Petroleum.—Diarrhœa *only* during the day.

Phosphorus.—Diarrhœa and vomiting; desire for cold water, which is throw up as soon as it becomes warm in the stomach; diarrhœa is worse in the morning; stools consist of green mucus, brown fluid, white mucus, or containing little grains like tallow.

Silicea.—Fontanels open; much perspiration on the head; great thirst; emaciation; rolling of the head; suppressed urinary secretions; watery, very offensive stools. (Calc. carb., has sour smelling stools).

Sulphuric acid.—Frequent, large, watery, very offensive evacuations, with apthæ and great irritability.

Veratrum album.—Diarrhœa and vomiting; great weak-

ness; vomiting of frothy substance; profuse watery diarrhœa, with flakes; during stool cold perspiration on the forehead; pale face; cold hands; voice weak or hoarse; suppression of urine.

If marasmus follows a protracted case of cholera infantum we have two great principle remedies to stay its progress and cure the patient.

Sarsaparilla.—Great emaciation; the skin lies in folds; the face is shriveled; aphthæ on the tongue and on the roof of the mouth.

Iodine.—the child has an inordinate appetite, but never the less continues to emaciate.

If effusions on the brain have taken place, then we may resort to digitalis, Helleborous, Hyosciamus, Opium, Zinc, according to their respective indications.

These general indications will enable the practitioner to find the proper remedy in many cases, especially in cases requiring prompt and unhesitating prescriptions. The variety of cases is so great that it is utterly impossible to give a proper prescription for all and every variety of cholera infantum or any other disease.—Homœopathic Physician.

ALCOHOL AS A REMEDY.

I do not intend to deny that the use of mild alcoholic tonics, as a substitute for the frightful remedies of the mediæval Sangrados, is a decided improvement, but, still, it is only a lesser evil, a first step of a progressive reform. Alcohol lingers in our hospitals as slavery lingers in the West Indies, as the witchcraft delusion lingers in southern Europe. Has alcohol any remedial value whatever? Let us consider the matter from a purely empirical stand-point. Does alcohol protect from malarial fever? It is a well-known fact that the human organism cannot support two diseases at the same time. Rheumatism can be temporarily relieved by producing an artificial inflammation; a head-

ache yields to a severe toothache. For the same reason the alcohol-fever affords a temporary protection from other febrile symptoms—i. e., a man might fortify his system against chills and ague by keeping himself constantly under the stimulating influence of alcohol. But sooner or later stimulation is followed by depression, and during that reaction the other fever gets a chance, and rarely misses it.

The history of epidemics proves that pyretic diseases are from eight to twelve times more destructive among dram-drinkers than among the temperate classes; rich or poor, young or old, abstainers are only centesimated by diseases that decimate drinkers. On no other point is the testimony of physicians of all schools, all times, and all countries, more consistent and unanimous.

Is alcohol a peptic stimulant? No more than Glauber's-salt or castor-oil. The system hastens to rid itself of the noxious substance, the bowels are thrown into a state of morbid activity only to relapse into a morbid inactivity. The effect of every laxative is followed by a stringent reaction, and the habitual use of peptic stimulants leads to a chronic constipation which yields only a purgative of the most virulent kind.

Does alcohol impart strength? Does it benefit the exhausted system? If a wornout horse drops on the highway, we can rouse it by sticking a knife into its ribs, but, after staggering ahead for a couple of minutes, it will drop again, and the second deliquium will be worse than the first by just as much as the brutal stimulus has still further exhausted the little remaining strength. In the same way precisely alcohol rallies the exhausted energies of the human body. The prostrate vitality rises against the foe, and labors with restless energy till the poison is expelled. Then comes the reaction, and, before the patient can recover, his organism has to do double work. Nature has to overcome both the original cause of the disease and the effect of the stimulant.—Popular Science Monthly.

HOMŒOPATHIC ATTENUATIONS OR POTENCIES.

It is on this point that homœopathy is most frequently the subject of attack, and, while it is not the essential in our law of cure, it is yet so closely interwoven with our system as to have become definitely a part of it. It is this same rule, laid down by the master, of reducing the dose to the greatest limit that experience will warrant, that has, in spite of the derision and obloquy heaped upon it, made the greatest impression on the methods of the old school.

Witness the successive diminution in the quantity of medicine administered, since Hahnemann's time!

To-day their representative men are using their remedies in the form of trituration and in such small doses as would have caused their ostracism twenty-five years ago, on account of a too great leaning towards hated Homœopathy.

Concerning the proper limit in potentizing, nothing definite is known at present, and that question is now foremost in our school; its active discussion cannot but result in benefit to medical science.

Hahnemann in the *Organon*, writes: "Pure experiments and accurate observation alone can solve the question."

A short history of the different methods of potentizing may not be out of place:

In Hahnemann's time the potencies were not run up higher than the 30th centesimal, and he directed that for every intermediate potency, from one to thirty, a separate vial should be provided. Later on, Dr. Korsakoff potentized the 30th in one vial, as follows: After making each potency the vial was emptied, and as repeated experiments had demonstrated that 2 minims adhered to the sides of the vial, 198 minims of alcohol were added to make the next potency, and so forth.

Jenichen then made his high potencies, commencing about the year 1832.

At first he used Alcohol, but that proving too expensive, he utilized the waters of a small lake in his vicinity. His potencies were for many years in high repute, and some of the older practitioners use them to this day. Towards 1860 Lehrmann was induced by Boenninghausen to potentize a set of remedies to the 200th, using water as the vehicle; he was followed by Buchner and others.

In this country, Dr. Lentz, of Germantown, Pennsylvania, made the first high potencies, using hydrant water; he was followed by Dr. Dunham, who also used water, in making his 200th.

In 1866, Dr. F. E. Boericke and A. J. Tafel, both of Philadelphia, commenced potentizing, both using pure Alcohol; the former carried up 150 remedies to the 200th, and the latter 250 remedies to the 200th, 150 remedies to the 500th, and 100 remedies to the 1000th potency.

All the above potencies were made *by hand*, with the exception of Dr. Dunham's, who utilized an old-fashioned saw-mill.

About 1865, Dr. Fincke brought out his patent process for making his so-called fluxion potencies; he was followed by Dr. Swan, of New York, and Dr. Skinner, of Liverpool, with machine potencies. Drs. Burdick, Deschere, and Foote, have also perfected machines for making high potencies.

We have always adhered to the old-fashioned method, making our potencies with pure (87 per cent. Tralles) Alcohol, and giving each potency twelve powerful succussive strokes *by hand*, and the reputation which our potencies have attained and the success with which they are used by the profession, are such that we do not feel called upon to make a change. For our 30th potencies we use a box containing 30 vials for each remedy, and retain and keep in stock all the intermediate potencies. We thus poten-

tized over six hundred remedies, and each one of our pharmacies carries a complete set of them from 1 to 30. The intermediate potencies are, therefore, as readily dispensed as the usual 3d and 6th. When pursuing the reports of clinical cases of 50 to 60 years ago, it is striking to note how frequently the 12th, 15th, 18th and 24th potencies are used, and with what surprising success.—*Bulletin.*

MISCELLANEOUS.

DR. M. M. EATON.

Prominent among the physicians of note in the homœopathic school, in the United States, stands the name of Morton M. Eaton, M. D., Professor of Gynæcology in Pulte Medical College of Cincinnati, whose picture we present our readers this month.

We quote from the Biographical Cyclopœdia of Ohio some items of interest in the history of this self-made man: The Doctor was born April 21, 1839, in Amherst, Mass. His father, Monroe Eaton, was a farmer of good education, but of moderate means. The Doctor therefore early struck out for himself, and earned money by teaching to carry him through college, besides aiding in the support of the family He studied medicine with the late Doctor Daniel Brainard, President of Rush Medical College, Chicago, at which school he graduated in 1862. The Doctor was the first resident physician of the City Hospital of Chicago (now Cook County Hospital) and after about two years' service in the hospital he went into private practice in Peoria, Ill., where he was made Post Surgeon in raising eleven regiments for the army in our late war. Doctor Eaton passed his examination as a regimental surgeon with the rank of Major when twenty-three years old, but did not go on the field because of the death of his father just at this time. The Doctor for

this reason was excused by Gov. Yates, of Ill., his personal friend, that he might take care of his own family, as well as his mother and sister. He went South several times however during the war for the State of Illinois and the sanitary commission after large battles, attended the wounded and brought many to their homes. This, with the position of police surgeon, which he held many years and a large private surgical practice gave the Doctor quite a name in Illinois. In 1863, he removed the first uterine fibroid upon which he ever operated. His patient was an old negress; the tumor was as large as a child's head and had caused severe hæmorrhage for over nine years. The patient recovered. The Doctor got no pay in money but gained much in reputation. His next operation was upon a well-known and wealthy lady and this gave him both money and name. Her case was similar to the first and caused the loss of the use of one limb for over two years. After the removal of the tumor she regained the use of her limb in a few weeks. Both of these patients have been well ever since and have been, as it were, the foundation of the Doctor's large Gynæcological reputation. In 1877 Dr. Eaton removed to Cincinnati and became a partner of Prof. S. R. Beckwith. This partnership continued two years, when Dr. E. left Dr. B. and took the office of Prof. Bartholow, President of the Ohio Medical College, where he still remains. He has now associated with him Dr. H. W. Hawley, a physician of rare merit and of large experience, especially in the removal of tumors. Dr. Eaton adopted homœopathic practice about fifteen years since, though he had stood high as a writer and surgeon in the old school. He says he has found the practice of homœopathy a continual pleasure, and we know he has been the means of converting many old school physicians as well as hosts of families to the new school practice.

Dr. Eaton, for about ten years after he graduated, made it a practice to go to some large city and attend medical

lectures and visit the hospitals for one or two weeks each year. His health has failed several times, but he is now quite well. In 1881, he visited Europe as chairman of the bureau of gynæcology in the World's Homœpathic Medical Convention in London, and as a delegate from the American Institute and Ohio State Society. He has been two years president of the City Society of Cincinnati. He always enjoys medical societies, and atttends as many as his practice and health will permit. As a writer and author, Dr. Eaton is well known, he being the author of "Eaton on Diseases of Women" and "Eaton's Domestic Practice." He is a ready writer and speaker, using forcible, if not always the most elegant language. He can take as well as give a hard hit in debate.

For many years he has given entire attention to the diseases of women, and his patients visit him from all over the Union, and he is called to visit patients and perform operations as far away as Kansas. Some of his students are attaining prominence. His son, M. M. Jr., now a student with his father, will make his mark.

"ACNE-TREATMENT."

We quote the following from a current allopathic journal: "The therapeutics of acne vary (?) according to the etiology of this cutaneous affection—whichever its form may be, the treatment should be purely dietetic. Ordinary alimentation—avoid shell fish, mussels, lobsters, shrimps, and crabs (crustacea); watch the menstruation in woman—diminish the use of alcoholics. The chalybeates and bitters are indicated when chlorosis, lymphatism or anæmia, complicate the cutaneous manifestation." It does not seem possible that at this period of the world's history such unmitigated "stuff" could have place in our medical literature. Yet, reader, this is translated from the French to adorn (?) the English language. This is a delicious morsel from

"scientific medicine." As a chance specimen of "fly-blown" writing, it might be passed without notice, but, reader, we are having no end of it in our current literature and it is even deliberately served up to us in books. Just glance your eye over it and say if you can what important part the phrase of "this cutaneous affection" plays in the paragraph. Our devil says it puts a "bulge" on the sentence. It rounds it out so to speak. "Menstruation in woman," is a good thing, but what if it were in a man? And then to be told to "watch" it. What a delightful occupation! And then if you should see it or not see it you know just what to do. "Ordinary alimentation," consisting of things to be avoided, is refreshingly nutritious. At that rate you live on what you do not eat. That might do in France but an American stomach would crave something more substantial than a negative menu. The "crustacea" are bad we all admit, but it would be difficult to find many patients in this country who indulge in them. The vast majority of our acne cases never saw shrimps or crabs, much less have they tasted them. "Diminish the use of alcoholics" might well be termed a nebulous order. It is much like the neck of the giraffe, which the fellow said was "four miles long more or less, depending somewhat on the length thereof." It seems to be on a par with Saline purgatives which are useful "if not given too frequently or in too large doses." A young doctor following such vague advice would be in the condition of the traveler in a new country coming upon a guide-post which informed him that "Newton is 15 or 20 miles from here N., N. E., or N. W., according to circumstances." But while all this is odd enough it will be found that this writer who so dogmatically states that therapeutic treatment of acne should be "purely dietitic" (a flat absurdity by the way) goes right on and recommends more than a score of powerful drugs in which corrosive sublimate in large doses figure prominently, and after a dozen different formulæ he closes by ordering "alkaline water at meal time

and a purgative every three or four days." If this sort of writing does not disgrace both literature and science, then the editor of this journal has his critic cap on wrong end foremost. Reader there is more sense in the chatter of magpies than in this modern school of writers who fill our faces with chaff and fatten on our credulity.

NEW PUBLICATIONS.

PRESIDENT'S ADDRESS—INDIANA INSTITUTE OF HOMŒOPATHY. Indianapolis, 1884. By MOSES T. RUNNELS, M. D.

This is an able exposition of the present status of medical art. The author as usual shows his personal bias; for when he has friends as he always has, he serves them well. His hero-worship colors his scientific studies, but that shows that while he has a clear head he has a warm heart. Still if Dr. Runnels would learn to forget persons and pursue science more abstractly, or less with reference to individuals, he would do better work. His address is, however, a very readable document, and though it has had pretty wide currency in the journals and papers, it will pay to put this pamphlet in your library, for it has many valuable items for reference. Dr. Runnels is a wide awake, growing man. As a leader he is always enthusiastic and successful.

THE *North American Review* for August contains an article by Justice James V. Campbell on "The Encroachments of Capital" which will command the serious attention of all readers. Richard A. Proctor treats of "The Origin of Comets," and succeeds in presenting that difficult subject in a light so clear that persons who have little or no acquaintance with astronomy can follow his argument. "Are we a Nation of Rascals?" is the startling title of an article by John F. Hume, who shows that States, counties and municipalities in the United States have already formally repudiated, or defaulted in the payment of interest on, an amount of bonds and other obligations equal to the sum of the national debt. Judge Edward C. Loring finds a "Drift toward Centralization" in the recent judgment of the United States Supreme Court on the power of the Federal Government to issue paper money, and in the opinion of the minority of the same court rendered in the suit of the Arlington property. Julian Hawthorne writes of "The American Element in Fiction," and there is a symposium on "Prohibition and Persuasion," by Neal Dow and Dr. Dio Lewis.

THE AUGUST CENTURY.—As usual with the "Midsummer Holiday Number," the August *Century* is uncommonly attractive in pictures, fiction and anecdotal papers. An outdoor quality, appropriate to the season, is noticeable in John Burrough's fresh woodland and field paper, "A Glance at British Wild Flowers," which Alfred Parsons, the English artist, has illustrated in a lively decorative style. One of his full-page sketches of daffodils on the border of a stream is the frontispiece. Of midsummer character, as well, are two brief essays, one "A Summer Holinight" meditation by Miss Edith M. Thomas; and the other, an essay by Dr. Edward Eggleston on "Americans at Play," in spite of a popular prejudice that we are an over-worked, heavy-hearted people. Of the anecdotal papers, W. T. Stead's sketch of "Chinese Gordon" has the flavor of personal acquaintance set forth with interesting and graphic characterization.

The serious side of this number includes an important paper by Isaac L. Rice, who lays out "Work for a Constitutional Convention;" he would have cabinet members sit in Congress and be responsible to the country for the inception of legislative work and the execution of the law of the land; a striking paper by the Rev. Dr. Washington Gladden, on "Three Dangers" to Society, meaning Intemperance, Divorce and Business Gambling. The latter subject is also discussed in "Topics of the Time" along with "Republican Institutions and the spoils System;" some harmful "Legacies of the War;" and "American Monumental Art."

Among the contributions to "Open Letters" are a review by Mr. Howells of "Two Notable Novels" ("The Story of a Country Town," and "Miss Ludington's Sister"), and a reply to General Stone's recent strictures in the *Century* on the English "Bombardment of Alexandria," by Lieutenant-Commander Goodrich of the United States Navy.

EDITOR'S TABLE.

ERASMUS WILSON, M. D., the celebrated English dermatologist, is dead, aged 75.

DR. W. E. WINGET has removed from Independence, Kansas, to Carrolton, Saginaw Co., Mich.

MICHIGAN M. D.'s are requested to send their names to Drs. Farnsworth, East Saginaw, that we may have a correct State Directory.

MESSRS. BŒRICKE & TAFEL recently sold their New Orleans branch house to Mr. Engelhart, but not their entire business as some of our readers have understood from an item in our May issue.

J. G. GILCHRIST, M. D., having been appointed Professor of Surgery in the Homœopathic Department, University of Iowa, removes to Iowa City, Oct. 1, to enter upon his duties. Iowa is to be congratulated.

FOR SALE.—I will sell my property and include my practice, which will amount to $3,500 net cash per year. Satisfactory reasons given for selling. For particulars address N. J. DePuy, M. D., Parma, Jackson Co., Mich.

SPEAKING of ministers who use tobacco, Horace Mann in one of his lectures said, "He visits the bedside of the dying, with a breath which, if the immaterial essence could be infected by any earthly virus would subject the immortal soul to quarantine before it could enter the gates of Paradise."

THERE will be four vacancies on the house staff of the Homœopathic Hospital, W. I., on the first of October. They will be filled by competitive examination. The term of service is for eighteen months unless shortened by promotion. For date of examination apply to C. A. Bacon, M. D., 130 East 35th St. New York City.

A NEW asylum and school for the feeble-minded has been established at Kalamazoo, Mich., by Dr. C. T. Wilbur, who has had a large experience in organizing institutions of this kind. The school is organized upon the cottage plan, and from the reputation of Dr. Wilbur, as late superintendent of the Illinois Asylum, we predict success in his undertaking.

"THE SOCIAL ELEMENT AT THE WASHINGTON MEETING."—A Washington correspondent of the *New York Medical Journal* in commenting on the social element of the American Medical Association at its last meeting, writes as follows: "The usual disgraceful performances took place at the receptions. Mrs. L. generously opened her beautiful house, and provided as fine a table as Demenet could serve. She was rewarded by having men stalk in (hats on their heads) from the front-room to the dining-room, where they fought like wolves for places at the table, overturning piles of plates, breaking her expensive ornaments, and soiling her rugs with pools of tobacco-juice." Any one attending the American Institute, will be apt to make a mental comparison, at least, with the social element of our annual banquet. The homœopathic profession would not suffer by such a comparison.

THE
MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

T. P. WILSON, M. D., EDITOR. PHIL PORTER, M. D., GYNECOLOGICAL EDITOR.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING CO., Ann Arbor, Mich.

H. C. ALLEN, M. D., Business Manager.

VOL. XV. ANN ARBOR, SEPTEMBER, 1884. NO. 3.

HYGIENE.

Papers Read at the Ionia (Mich.) Convention.

THE CARE AND PREPARATION OF FOOD.

Man is, as his food is. The body is constantly changing and these changes are brought about by the blood which is made from the nutriment in the food. The blood is about three-fourths water, and so indeed is the whole body. Thus the contents of the blood—water, albumen, fibrine, saline matter, etc., are all obtained from the food we eat and drink. Different quantities of these various constituents are required by the body under varying conditions. In summer the water is used rapidly in sweat. Eating salty foods thickens the blood creating a demand for water. The diet must be regulated according to the work done and the season, and a different regimen is indicated as we progress from infancy to old age. Water is needed in abundance in a pure state to maintain the three-fourths of our frames. Solid food comes from the animal and vegetable kingdoms. Man alone, of the animals, cooks food which is then more palatable and digestible. From

the structure of his teeth naturalists conclude that man was intended for a mixed diet—animal and vegetable, but from all his functions we may infer that he originated in a warm climate and lived on fruits, as his cousins, the monkeys, do now. Two kinds of organic substances are used as food, viz., those which contain nitrogen—cheese, etc., and those that do not—butter, sugar, etc. The bones, muscles, flesh and blood contain nitrogen, the fat does not. These are the flesh-producing and heat-producing foods respectively. In the first class we place as typical substances whites of eggs, muscles of flesh, cheese, milk, wheat, barley, rye, oats, peas, beans, etc. In the second, cream, butter, oil, fat and sugar, either separate or as combined in fruits and vegetables. What is best for health is a combination and a variety from day to day. Meat is not essential as a daily food. It is more stimulating than nourishing, and he who eats it lives at high pressure, and is, or ought to be a very active person—like the Indian or tiger always alert, running or walking long distances, for if he does not, evils result and the doctor is called. But men will eat meat. It is fashionable to do so, and so we turn our attention to the method of preparing it for the table. Like apples, meat must be ripe before eating, to be good. Cooked as soon as killed it will be tough. It contains acids which will escape if it is hung up for some days in a place free from dust and flies in a temperature of about 40°, and what before was tough will now be tender and appetizing. Mutton like beef is best after "ripening." The "woolly" taste disappears, and a new flavor is added. A small piece needs a hotter fire than a large one. With too hot a fire the large piece is burnt on the outside before the heat has time to penetrate the inside. Joints should not be hacked more than to cut the bones for carving—steaks and legs of mutton not at all. To hack steak is to let the juices escape into the fire. If necessary to hack it to make it tender it is not ripe, and is unfit to broil.

The most perfect article of diet is milk—the only one which contains within itself all the constituents necessary for the maintenance of health—both flesh and heat or force-producing elements being combined with the saline and watery parts in due proportion. Of course a large quantity would be required for a healthy, active adult, if used to the exclusion of all other foods, but it is a valuable article of diet for persons of all ages, and either with or without other foods. Milk sours rapidly and absorbs odors and vapors easily and needs to be kept separate and in a temperature about 40° F. If necessary to be kept long it is best to boil. Sour milk is not objectionable as food, if it is to the taste, and just turning, the acidity may be corrected by using a little bicarb. of soda. Children should not be stinted in their allowance of milk. It is preferable to meat as being more nourishing and less stimulating. Butter-milk is good and possesses curative properties in dyspepsia. Cheese is a much neglected and excellent article of food and may be used in the place of meat, though *toasted* cheese is very indigestible. Wheat bread from the whole grain is better than from the white flour with the bran sifted out, and it may be of interest for the farmer to know that the small grains of wheat which he screens out contain more nutriment (gluten) than the large plump ones. The large kernels contain more white flour (starch). Bread from the whole grain is not only more wholesome and digestible, but sweeter to the taste. Many mills now grind this flour. It is this whole wheat bread which is the "staff of life." More care is required in making than in the case of white bread. Considerable time should be given to the kneading, and let it remain in the oven longer to "soak," as bakers say. Do not eat it hot as it is then digested with difficulty. Oatmeal is the best breakfast dish known, cooked thus: Have a double kettle, the outer one containing only water which boils and heats the water and oatmeal in the inner one. Put the water in first and when

it is warm add a little salt and let it dissolve. Sprinkle in the meal, moistening thoroughly, by stirring if need be. Put the cover on tight and let the water in the outer kettle simmer for an hour, the meal not being disturbed in the meantime. If enough water is mixed with the meal at the start the result will be a well-cooked dish with the nutty flavor of the oat, instead of the slimy, bitter, uncooked mess often presented as oatmeal mush.

Rice, like the potato, is rich in starch but not of much value as an albuminous food. It requires much care in cooking, the aim being to present each grain dry, separate and yet well cooked.

Everybody should use fruit in the fresh form, especially apples. Breakfast should begin with some form of fresh fruits in their season, baked apples being excellent.

In conclusion, the doctor declared the preparation of the meals to be one of the highest duties of the housewife. It should be made as pleasant as posible; allow no discordant elements or company or conversation at table; dress the table neatly; have the condiments ready so as not to be obliged to jump up or call a servant to bring them; have meals punctually, have just enough and nothing for mere show; serve the different articles hot; have your meals warm and stimulant in damp weather, bracing and substantial in cold weather, and cool and appetizing in hot weather. Avoid violent exercise immediately before or after meals, and preferably have the main meal at that hour when leïsure can best be secured.

VENTILATION.

(1) We need pure air in our houses to dilute or wash away the impure matters which we are constantly throwing off from skin and lungs. With every expiration we breathe from our lungs a cubic inch of carbonic acid, which acts as a poison if re-breathed, and we also throw off at each breath a smaller quantity of worn out organic matter, which if re-breathed is *much more poisonous*, and often produces or

helps along grave diseases, especially consumption. There must be a constant change of the air in our rooms to dilute, wash away and get rid of this impure air and to bring in pure air in place of it.

(2) It is fallacious to suppose that one or even two openings into a room from the outdoor air are enough to carry away the foul air, and to secure good ventilation, or that a ventilating shaft without heat will carry off the foul air.

(3) In order to carry away the foul air from a room, we must have a heated shaft opening into the outer air above, and opening into the room below at the floor. So long as this shaft is kept heated there will be a constant flow of foul air outward into the open air. If not heated there will be no constant outward flow of the impure air, such as is necessary to secure good ventilation. Each room should have a separate shaft.

(4) To secure pure air to take the place of the impure air withdrawn by the heated shafts, we may either bring in un-warmed air directly from without, or very much better, we may bring in outdoor air over the heated surface of radiators, or over stoves (diagrams illustrating simple ways of doing this were shown). In the latter ways injurious drafts are avoided and the air is properly warmed before it reaches our lungs.

ORIGINAL CONTRIBUTIONS.

ADDRESS BY G. E. HUSBAND, M. D., PRESIDENT ONTARIO INSTITUTE OF HOMŒOPATHY.

* * * * * * * *

We must ally ourselves, more or less intimately, with all movements the object of which is to lift men up and better the condition of mankind. We must have clear and well-defined views on the many social questions that are coming prominently to the fore—the dignity of labor, too few work,

the hours are too long. The population tend too much to centralize in cities and leave the land untilled; children are put too young to work in factories. John Stuart Mill says it is a question if all the mechanical inventions yet made lightened the day's toil of any human being.

A most touching and pressing question is infant mortality. In 1881 there was 5,901 births recorded in the ten cities of Ontario and there occurred 1,485 deaths. That is, a little over 25 per cent. of all the children born in the ten cities died within the year!

If the Government would spend on sanitation and hygiene, so as to preserve the lives of our own children, one-tenth of the money spent in immigrating the paupers of Great Britain and Europe, it would be a thousand fold better for our country.

Not only temperance but total abstinence is a pressing and vital question on which the physician must give no uncertain sound. It is over 1800 years since the question was asked "Am I my brother's keeper." We must help to educate public opinion. Legislation is followed by no good unless it is in accord with the cultivated sentiments of a large proportion of the population.

Children are sent too young to school and the school hours should be graded. We should see that they get at least all the pure air that the law provides for. The pernicious system of cramming should be put down—it only develops the memory, which is the lowest faculty of the human mind. Teaching should draw out the reason, the powers of comparison and analysis. Teachers should be better paid. The pitcher for a base ball club gets $150 a week, while the average salary of school teachers is $400 a year.

Sanitary science is taking a foremost rank now and will for two reasons. The profession, regular (?) as well as others, humiliated by their frequent failures to cure are now taking the bull by the horns and will try to prevent what they

can not remedy. There is something beautiful in this self-abnegation. No where else in the world, save in our profession, will you find a body of men who for the public good, do all they can to lessen their own work and reduce their own incomes, which were never too large.

Do not make a milch cow of your profession and drag it down to the level of a trade. "If you feel that it is not enough to live, to eat and drink and sleep and dwell at peace with your fellows, if you have a longing for immortality and a name," find a cure for consumption and diphtheria, which lurks no more in the slums of Toronto, Montreal or Hamilton than on the salubrious plains of the great west or in the verdure clad valleys of the Ottawa. Society must be regulated; there must be a more stringent license law. The survival of the fittest did well when the world was young, and would now only for artificial rules, but now the public must learn the law of heredity and be protected against consumption and insanity. Do you want an incentive? If all the sick and blind and halt were to pass before you, the sad procession would well nigh number the whole. You would say with Shelly, "this is a wrong world," or rather with Paul, "a present evil world," and you would be ready to suggest, "Why was not health made catching instead of disease."

"Coming events cast their shadows before." How careful nature is of the type so careless of the single life. The evolutionary way leading up to Homœopathy for all the years is strewn with the corpses of systems and theories, the product of workers in unlighted realms.

The sublime spectacle of the World's Medical Congress, where the profoundest thinkers of the age were to be found impresses me with this fact, viz., that men are in earnest in this matter, that life is worth living and that it shall be made as long, as useful and as happy as possible. But what is the result, after 3,000 years of fruitless wandering in a circle, they have turned their backs upon medicine and

thrown all their energies into surgery, sanitation and bacteria. Though none prior to Hahnemann had solved the law of cure as a problem, they cherished it as a hope.

It was foreshadowed by glimpses of the truth both by scientists and poets. Even with Hahnemann for a time his faith stood with a question upon his lips, tremulous at times and peering into the medical future examining the evidence and balancing the proofs.

The law of simillia was not another candle brought into a lighted room—it was an electric light appearing suddenly in the midst of great darkness, giving precision and distinctness and certainty where before there was only doubt and confusion. The wisdom of the then medical world, at its very best, was unable to present any guiding principle—there was no law. As the late Dr. Rolph truly expressed it to his graduating class, "each one had to blaze his own way through the bush,"

"The hungry sheep looked up and were not fed. The people perished for lack of knowledge." "O, star-eyed science hast thou wondered then to waft us home the message of despair." It would have been better if like the Feègée Island physician they had taken the medicine themselves and transmitted the effects by incantation.

All along the line there were many demanding some fixed principle, yet when, in the hands of the German philosopher and physician one appears, it receives a cold welcome. But truth did not stay his hand nor heed the clamor. With this *missing link*, what was before an incubus of dispair becomes a rule of conduct.

As we study the writings of all the great thinkers of the medical world, we see the effects produced by the different systems and theories as they come and go like a panorama, and in spite of the truths that even the worst of them enshrined we watch the failure of them all. To us the truths to which I have alluded are but items in a system, fragments of the great whole that lies at the foundation of a

glorious temple, we see their absolute incapacity in time of trouble, the anxious physician "blazing his own way through the bush," bewildered and bewildering, like a mariner on a tempestuous ocean without a compass. It is then we see the light of the law of simillia of the profoundest value, dawning like a tender day-spring amid the universal darkness.

From the first this law of cure without anything to dazzle and attract, with no blessing upon it save such as comes with the truth, with no light save the light of science, it early numbers among its converts many wise and noble. As an army with banners it puts to flight doubts, darkness and empiricism, it breaths a new life and a new hope and a new and unknown promise. It is like the waters in Ezekial's vision, "first to the ankles ,then to the knees, then to the loins, and become a great river that you could swim in," but no man could pass over. This we see; and we see the truth spread and its followers increase till it becomes more and more irresistable and "spread with the gentleness of an ocean that caresses the shore it covers." And seeing this the lineal descendants of the men of Leipsic who thought that by banishing the high priest, over-turning the alter and pulling down the temple they could extinguish the light of the truth, they too recall the faithful principle of the wise and tolerant Rabbi uttered more than 1800 years ago, "If this council or this work be of men, it will come to naught, but if it be of God ye cannot overthrow it."

It is familiar to you all how this great benefactor was hounded from post to pillar by the druggists of his day, whose temple he had torn down and whose idols he had thrown out.

"It is only a little over fifty years since Dr. Gram first raised the standard of Homœopathy on this continent. From that small beginning the law of similia has gained in favor, till to-day we have over 9,000 homœopathic physicians, 11 homœopathic colleges, 38 homœopathic hospitals,

29 dispensaries, 25 central societies, 95 local societies, and 18 homœopathic journals." That means that eight and one-half millions of the people on this continent are believers in our system. This result is marvellous and the end is not yet. It is patent to even a casual observer that the practice of the so-called regulars (?) is surely changing. "Truth is mighty and will prevail." "Verily, a little leaven leaveneth the whole lump." But Time is a great avenger. The very city from which Hahnemann was driven, with his family, in the direst need, has acknowledged his merits and done itself honor by erecting to his memory a beautiful monument.

Very soon followed the principle of attenuation and the theory of dynamics. Some deny that by triturating some of our remedies which in their crude form are inert, new forces are developed; and yet they will admit "that you can take a piece of bog ore and so manipulate it that bye and bye it will be a disk that will take up all the sounds of the human voice and pass them to wires where it is changed into an electric form and pass one thousand miles where it is received by another iron disk and translated into words again with all the accents and modulations of the original speaker."*

It is a question whether or not even in our highest preparations we have approached the primitive molecule. And then chemistry tells us that the properties of the functions of organic substances do not depend upon the *kind* of atoms of which they are composed, but rather upon the arrangement of the atoms within the molecule. Even our taste will detect strychnine, in a solution of one part in six hundred thousand of water. A grain of gold may be divided into fragments visible by the microscope, whose weight would be one-five-hundred-billionth. Theoretically there is an end to the divisability of matter, whether there is practically or

*Science Monthly.

not. Nature is full of delicate distinctions. You may have some idea of the number of remedies that could be at our command when you remember that the acids alone number 269.

So far as I know there has not been a discovery in any department of science that contradicts the law of simillia or its corollaries, and many prove them. It has always been difficult to maintain the equilibrium of truth. I have been pained by the strongly expressed difference of opinion of the high and low dilutionists. They each have a portion of the truth and are equally honest in their convictions. We can not grasp it all at once. "So vast is knowledge so small is human wit, one subject only will man's judgment fit." There are sights that we do not see, sounds that we do not hear and odors that we do not smell. The poison of the cobra is chemically exactly of the same combination as brewers yeast: viz, Carbon 46; Nitrogen 13; Oxygen 6; Sulphur 25.

What cures an ague? Give the one-fiftieth of a grain or fifty grains of quinine and you will find the entire amount in the urine and other excreta. How did it cure?

Pasteur tells us that one germ is as fatal as a thousand. Some still say that bactaria are the product of and not the cause of disease. Chemically there is no difference, no line of demarkation between putrefaction and fermentation!! Neither is there from a biological point. How intensely interesting these questions are. When one begins to think he finds an endless task before him. He comes to the end of nothing, solves nothing, reaches no full truth– "only a few hints and stepping stones that slope through darkness up to God."

We speak of cause and effect, but we grasp only a small section of an infinite series. There is a potency that works in nature. You can tell how oxygen pulls down, but you can not tell how it builds up. And oxygen, this great worker to build or destroy, is a colorless odorless and tasteless gas.

You can, sometimes at least, tell how poison kills, but you can not tell how a remedy cures. Is not the law of waste and destruction that wars constantly against life and ultimately every where conquers it, stronger than life. Science tends to an ultimate force—force that is persistant—and there is a continuity of law. If the microscope can not follow our triturations and if the indivisibility of matter fails us, the dynamic theory fills the gap.

And I am at perfect liberty to believe what I want. Science says a good deal for the theory and it can not say any thing against it. As the infinite possibilities of nature are revealed even science is more believing—it says nothing is impossible. "When the undulatory theory of light was established it was necessary to assume the existance of a luminiferous ether and there is still almost no other proof of its existance than that the nature of light demands it."

And now gentlemen a word to ourselves. I want to impress upon every man before me, old and young that you must take your regular holidays. That you must, every year, come what will, have an outing. The bow bent all the time loses its power. Vacations are not alone for clergymen and invalids. No rest for the physician! though he is the messenger of hope and joy and gladness to others.

We are chained to our work as surely as the world's unwilling slave. "Where, tell me where is the abode of care" if not with the Physician.

"Nought-treads so softly as the foot of time, hence we mistake our Autumn for our prime." "Do we need a spur to prick the sides of our intent." Then let me tell you, that most of us who are here to-day are standing where the shadows lengthen. In youth all that was spread before us was beautiful. The valleys were covered with waving corn and the hills with fleecy flocks. But now the path is rugged and the mountain steep. Time is no laggard and there is much to be done. The work presses more and more. There are not hours enough in the day nor days

enough in the week. Thrust in your sickle. Truly it is a race?" A fight! and he who wins must be alert—"must have his loins girded, his shoes on his feet and his staff in his hand."

Your life is not your own—Pilgrim at the altar nor devotee at the shrine is not moved by higher aspirations than the Physician. No soldier on the battle-field holds his life cheaper. Does yellow fever break out, who seeks amongst the dead for the cause or injects into his own veins the cholera poison and records from hour to hour how death, the unrelenting foe, advances. Such lives stir something higher than reverence and deeper than love. We have but one life to live; if we can do good to any—lift the fallen or strengthen the weak; let us do it now; let us not neglect it; we will not pass this way again. "We are like an artist who takes his best picture to the gallery and hangs it up silently and turning his back, silently walks away."

Death has dogged our heels and strewn our paths with corpses—till less and less will grow the circle of those we love. What in years gone by we thought was a lyre full of sweet music, has been broken and its strings twisted into a scourge. To some at least wisdom comes with age. We find the less selfish we are the happier we are, that when we pursue pleasure it either eludes our grasp or in our hands turns to pain, but where duty—stern and unrelenting duty is our guide, abiding happiness is ours. "As I press on remembrance wakes with all her busy train. Swells at my heart and turns the past to pain."

SAFE ADMINISTRATION OF CHLOROFORM.

BY WM. MARTIN COATES, F. R. C. S.

In the year 1858 I made known to the profession in a *brochure* my views on the "Safe Administration of Chloroform." This little work was most favorably reviewed by the medical press, and several surgeons more or less emin-

ent wrote to me their conviction that I had solved the problem of greatly limiting, if not abolishing, the dangers of this anæsthetic. By experiments on frogs and observations on patients, I had become convinced that chloroform could only be safely administered by limiting the dose to the smallest quantity capable of inducing insensibility to pain. By repeated trials I found that by means of Snow's inhaler five minims of this anæsthetic, followed by ten in twenty seconds, and in forty seconds by fifteen, and then fifteen every minute until the patient became insensible, and afterwards an occasional ten minims, sufficed in almost every case to produce and maintain complete anæsthesia. Very rarely twenty minims were required. It was found that when fifteen minims were put into the inhaler every minute during the inhalation all the chloroform had evaporated at the end of that time. I have reason to think that from the publication of these facts the doses were much moderated, and that in consequence the number of deaths became relatively less. Although I have during these twenty-four years never been prevented administering it by extreme age or infancy, by chronically diseased heart, lungs, or kidneys, I have not had a death by chloroform. Considering that I have been surgeon to the Salisbury Infirmary during all these years, and have had during that period a numerous *clientele*, this evidence will not, I trust, be considered unimportant. I have read with painful interest the reports of deaths from chloroform, and have not come across one in which this mode of giving it had been adopted. In every case of death in which the quantity of the anæsthetic inhaled was recorded, it was much larger than that advocated by me. Of late years a quicker and more daring plan has been advised and practiced. Hence, I feel sure, the more frequent fatal results. During these twenty-four years I have never refused chloroform to any patient in whose case pain was anticipated. The scares inducing pressure of the chest, placing the head below the

level of the body, etc., have not occurred. Sometimes those who have kindly administered the chloroform have preferred the towel and handkerchief. This I consider dangerous, and now always request that the plan detailed above be adopted. By it the sickness, headache and malaise, following operations performed under chloroform, are immensely diminished. Some timid patients fancy that the mouthpiece of the apparatus will suffocate them. In such cases I sprinkle ten minims of the anæsthetic on a handkerchief, and when it begins to act return to the inhaler. Mr. Matthews has supplied me with three sizes of mouthpieces, surrounded by inflated india rubber tubes and more perfect valves. These are much better than those used by Dr. Snow. When the towel or handkerchief is used the dose must be more than doubled, as more than half is lost by evaporation and expiration; but then the atmosphere becomes loaded with vapor, and if danger should arise the chances of life to the patient would be much diminished. It would seem almost unnecessary to give facts or arguments to prove my position, for what would any educated practitioner think of one who having made up his mind to give a grain of opium every hour for twelve hours gave twelve grains at once? or having decided to give twenty grains of chloral every four hours for twelve hours administered sixty grains at one dose?

I admit that these are extreme illustrations, but the principle is the same. We all know that some patients are prone to be rapidly and profoundly affected by mercury, opium, and chloral hydrate, etc. I am certain that some, and not a few, are dangerously affected by the usual doses of chloroform. Curiously, I have had several illustrations of this in the wards of the Salisbury Infirmary lately. One young woman of twenty-four years of age was completely narcotised by five minims of chloroform. A middle-aged woman was rendered insensible to pain during an operation lasting a quarter of an hour by seventy-five minims, and a

child by ten minims. Had the usual doses been given to these patients, would not their lives have been placed in danger? I think so. I admit that in most cases by the withdrawal of the anæsthetic, opening the windows (which during the inhalation should never be shut), etc., the patient is mostly saved, and the fatal cases reduced to one in a few thousands, but to that one this makes all the difference between life and death.

It has been said above that I have not in one instance refused to give chloroform because of diseased heart, feeling that indications of danger would declare themselves in time to combat them. Two illustrative cases have occurred in private practice during the last few weeks. One was a gentleman seventy-nine years of age, on whom I performed colotomy. His pulse was very feeble and intermittent. The other case was an elderly lady with tricuspid insufficiency very marked. These cases have an additional interest from my having made an important addition to my usual method of giving the anæsthetic. It struck me that it might be useful in the cases in which the heart showed symptoms of powerlessness to give a dose of pure ether by inhalation in the same relatively small quantities with the view of rallying this organ. These two cases prove, I think, that this idea is a valuable one. The old gentleman was given chloroform after my method, and when the pulse dropped at all twenty minims of ether were put into the modified Snow's inhaler. The pulse on each occasion answered to the whip instantly, and was firmer and more regular at the end of the operation than at its beginning. The elderly lady suffered from hæmorrhoids at both sides of the anus, and from a very painful fissure. She was very anæmic, and her skin was of the color so familiar to us in cases of malignant disease. We could, however, detect none. A gentleman who had had much experience in giving chloroform with a towel or handkerchief, declined, in consequence of the tricuspid disease and extreme anæmia,

to be the administrator. As this case was more than usually risky, I requested Mr. Harcourt Coates to operate, I administering the anæsthetic. The patient objected to the inhaler. Ten minims of chloroform were dropped on a handkerchief which was placed over her mouth and nose. She soon became sufficiently unconscious to admit of the use of the inhaler. The operation lasted from first to last half an hour. She was kept insensible to the pain by seventy-five minims of chloroform and the same quantity of ether. Her pulse varied but little during the half hour. When it became a little depressed, twenty minims of ether raised it instantly. In no case since the year 1858 have I had to use galvanism, nitrite of amyl, artificial respiration, or any other mode of resuscitation.

My readers have, no doubt, compared the small doses of ether with the habitually given. May it not be that the same freedom from danger from this anæsthetic would be attained if the necessary quantity only was inhaled? Before I publish my contemplated next edition of the little work on "Chloroform and its Safe Administration," I hope to work out this practically, both as regards ether and the bichloride of methlyene. The economy of chloroform is necessarily very great by this method. I admit this to be of least consequence. Am I rash in concluding that the foregoing facts are calculated to prove:

1. That the plan advocated is rational and consistent with our practice with other powerful remedial agents.

2. That it lessens the dangers and after disagreeable effects of the anæsthetic, and so would enlarge the area of its utility?

If so, I am very thankful; as the frequent deaths lately reported, should they continue to occur, would naturally increase the anxiety both of the public and of ourselves, and might limit to a fearful degree the blessing of that merciful gift of God, anæsthesia.

SUB-PERIOSTEAL RESECTION OF THE ENTIRE ULNA, TOGETHER WITH THE EXTERNAL CONDYLE OF THE HUMERUS AND A PORTION OF THE RADIUS. REPRODUCTION OF THE ULNA.

BY PROF. WILLIAM TOD HELMUTH, New York.

A healthy looking boy, aged about fourteen years, was sent to me to see if anything could be done to relieve him of a serious disease of the bones of his right arm.

The boy's general appearance was remarkably good; he was well developed, with a ruddy complexion, and for his age was rather large in stature and build of body.

Upon the closest questioning, I found neither hereditary nor specific taint, and except the arm (which appeared perfectly useless) there were no appearances of disease about him. He stated, however, that about four years ago, he had suffered from a severe and prolonged attack of typho-malarial fever, from which he recovered slowly. Here was sufficient cause for the condition of the bone, for whether the disease should prove to be caries, necrosis, osteo-myelites or sclerosis, (I had not as yet uncovered the arm) I was very well aware that any prolonged fever could produce serious bone degeneration. I have often been struck with this very fact, at my clinics at the college. I have found, especially among the lower classes, that bone affections, and more particularly *necrosis*, may be traced to some low form of fever, either malarial, typhoid or the hybrid between them. The depressing action of these fevers on the economy and especially upon the vaso-motor system, together with a vitiated condition of the blood, is quite sufficient, when some slight local cause is added, to produce death of large portions of bone. The blood stream in the Haversian canals and canaliculi, becomes slower and slower, until stasis results, the bone necessarily thereby is not only deprived of its nutrition, but is liable to death, from the

pressure exerted by the surrounding congestion and transudation.

But I am getting away from my subject. Upon uncovering the arm, it presented a pitiable sight. The fore-arm was immensely swollen from elbow to wrist, being three times its natural size. The hand was useless and deformed, the fingers in a partially flexed condition falling powerless and shriveled from the palm, which was somewhat turned inward. Any one who has seen the fingers of a person who has suffered from a badly treated Colle's fracture will understand the appearance presented by this boy's hand. Three large openings were found upon the forearm, one about at its middle and two nearer the wrist on the inner side. The motion at the elbow was entirely destroyed and the appearances presented were so bad, that I, upon first thoughts, stated that nothing but amputation of the arm above the elbow offered any prospect of relief.

To this, the father of the boy objected, but finally placed the patient in my hands, to do for him what I thought best. Thinking a great deal over this case, (and a man, as he grows older, always ought to think more seriously upon such matters than when in the blush of his young professional career) I resolved to do what I could to save the arm, and accordingly at the proper time, employing, as is my custom, the mixed form of anæsthesia and the Esmarch's apparatus, I made an incision from the olecranon process to the styloid, directly down to the bone and through these openings aforesaid. The tissues were carefully held aside as usual, with retractors, and a mass of bone presented itself which was nothing more than the extra granular deposition of bone around the dead sequestrum. There were however several cloacæ, and through these portions of the dead shaft of the ulna could be removed. The flexor carpi ulnaris was attenuated and flattened, and the deep layers of fore-arm-muscles were matted together. The periosteum was very much thickened, but I

cut it through and with the periosteotome, gradually raised it from its attachments. After denuding the bone for about half its length, (making thus far rather an exploratory operation than otherwise) and finding the periosteum sound, I decided to endeavor to remove the ulna *entire*, leaving the periosteum undisturbed and thus, according to my promise to the father do all in my power to save the arm. This after careful dissection I accomplished. The bone had to be divided with the chain at about its lower third, to enable me with more facility to get at the membrane on its under side, to remove the olecranon in its continuity. The incision had to be carried up about two inches on the posterior surface of the arm, but I was enabled by carefully using the periosteotome to remove the process, leaving the triceps adhering to the periosteum. After the upper end of the ulna had thus been taken out, the external condyle of the humerus was found to be carious; this I cut away with the saw. The lower end of the ulna offered little difficulty and was also soon enucleated from its periosteal bed. When the bone was thus clearly excised, the periosteum, with the exception of those portions of it immediately opposite the cloacæ was left entire and I never recollect to have seen a more beautiful demonstration of the osteogenetic function of that membrane. As it lay open along the whole length of the forearm, projecting from the surface that had adhered to the bone, innumerable minute spiculæ of bone, sprouting from it, were plainly visible. It looked as though powdered glass had been sprinkled over a surface made sticky with glue.

Examining now the head of the radius, it was found sufficiently diseased to warrant its partial removal, which was accordingly done. The wound was thoroughly washed, with a bichloride of mercury solution, 1 to 2000, taking care not to disturb any of the spiculæ of bone and the periosteum was closed. Two drainage tubes were inserted, and the wound dressed antiseptically. The arm was at first

laid on a pillow, but was afterward suspended in a tin splint bent at an obtuse angle. The recovery was rapid and complete. A partial motion at the elbow now exists, but pronation and supination cannot be performed. Flexion and extension of the fingers have been partially restored and the hand has assumed an almost natural appearance. *The ulna has been almost entirely reproduced*, except in those places where the periosteum had been removed by the ulcerative process immediately over the cloacæ. I have not seen the patient for several months, but I have reason to believe that the restorative process will result in the entire appearance of a new bone.

I have removed portions of the ulna several times, and have now in my private collection, a specimen of two thirds of the shaft of the bone, and another showing more than half of it. The operation however just detailed, was a complete sub-periosteal resection of the entire ulna, with the olecranon and coronoid at its upper, and the styloid process at the carpal extremity. Velpeau states that resection of the *shaft* of the ulna was first performed by Scultetus in 1675, as quoted by Agnew, who also gives a short history of the operation in the following words. "In 1853 Carnochan resected the entire ulna. Similar operations were performed by Mr. Jones of Jersey, England, and by Dr. Muscroff of Cincinnati. Butt of Portsmouth, Virginia, removed the lower three fourths of the ulna in 1825 with excellent results. Bell, of Edinburgh, and Hutchison, of New York, have excised the entire ulna. Rkeitsky, Surgeon-in-Chief of the Morskoy Hospital, St. Petersburg in 1837, removed the whole of the diaphysis of the radius * * * * * Compton, of New Orleans, excised portions of the radius and the ulna in its entirity. All these cases recovered it is said, with very useful hands." The case which I have above recorded, differs from these in that in addition to the entire removal of the ulna, the external condyle of the humerus and a portion of the radius were also excised.

CLINICAL.

BRONCHIAL CATARRH.

BY J. T. KENT, M. D., St. Louis, Mo.

Dec. 11, 1883, B. W., aged 22.—Came to St. Louis from Las Vegas, New Mexico. In that place she had been sick some time—much of that in bed. She had been sick of what was called pneumonia from which she never had recovered. There was some coarse rattling in the bronchial tubes but she expectorated very little although she coughed very much. The rattling breathing could be heard distinctly in any part of the room. Close listening detected crepitant and sub-crepitant râles, but nothing more. A warm close room induced suffocation; she was compelled to have the windows open; much better in the open air. She cannot endure warm clothing, even in winter she sleeps with a thin covering; a general feverish feeling has always been present. She is very fond of bathing which cools her body and gives relief; her feet burn and she puts them out often to cool them. Menses last eight to ten days; dark, clotted and excoriate the parts. The flow smells sour; herpes on the labia at the menstrual period; leucorrhœa like white of egg before the menses; sometimes it becomes milk-like. Pain in the thighs and sacral regions much of the time.

She is costive; stool hard; after straining a long time gives up exhausted, having failed to pass any feces. Headache over both eyes, and the eyes burn. Teeth are decayed and black; she has periodical deafness. The feet are œdematous; temperature 99½; pulse 100. Night sweats and the scanty expectoration that she raises in the morning taste salty. She craves salty and sweet things. Aversion to lean meat, but craves fat meat and fat ham which agree. Aversion to men; a horror of men. She has been raised in

a convent. She lives with her sister of whom she is very jealous even to selfishness. She wants her sister with her every moment and dislikes even a lady to speak to the sister. She wants to be with nobody but this sister. While she hates men and does not want to be spoken to by a man, she suffers from marked nymphomaniacal symptoms when in bed with her sister, whom she embraces and kisses hotly, then trembles and becomes prostrated. She seems sinking rapidly and has been told by her physician that she would die shortly with "quick consumption." Extensive questioning failed to reveal further symptoms. She was almost a skeleton so greatly was she emaciated.

It will be seen that no remedy can be forced to cover this entire picture, or what would to some seem a chaos of symptoms. She had taken cod liver oil and hypophosphites, and she had taken what some would call homœopathic treatment. She had been treated on general principles, and taken everything but the appropriate homœopathic remedy. What shall we do? This case as presented shows characteristics of several homœopathic remedies. What can pathology do for us in such a case? I am confident that an able pathologist attempted this case before she came to me. I cannot expect to do better after the disease has progressed much further in its fatal action.

Nothing but the wilderness of symptomatology can help me in this very peculiar case. I therefore as usual made an anamnesis which brings to view all the remedies partially similar and brings order out of chaos. To shorten the anamnesis we may select the most peculiar symptoms and leave out the common little ones that only help to mix up the case, until lastly they may be brought in for the purpose of helping in a close decision. The most peculiar symptom is the peculiar erotomania coupled with the selfishness and jealousy. Hyoscyamus, Platina, Cautharis and Phosporus have erotomania but not the peculiar sexual

selfishness so marked in this case. This combination can only be covered by Sulphur.

In the morning she gets up a little sputa which tastes salty; Ars., Lyc., Phos., Puls., Sep., Sulph. and others.

Aversion to men: Amm. c., Puls., (Sulph.?) Lyc., Nat. m. I have several times cured this symptom with Sulph. yet it is not in the repertory.

Craves fat which agrees: Mez., Nit. ac., Nux. v., but Sulph. has cured several cases where this symptom was present, I see by reference to my case-book.

The constant feverish state, heat of the body compelling her to wear thin clothing: Ant., Asarum., Colch., Iod., Lyc., Puls., Sulph.

The neglected pneumonia which seems the next most important factor not to be overlooked: Lyc., Phos., Sulph.

The feet burn and she puts them out of bed to cool them off: Calc., Lyc., Kali. c., Graph., Puls., Phos., Sil., Sulph. and many others.

She is fond of bathing and better in the open air, which would make a neophyte think of Puls., but several remedies have it as well; while Sulph. has better in the open air and with the windows open, it seldom has better from bathing; it would therefore seem to be contra-indicated, but the many peculiar symptoms asking for it and the peculiar selfishness manifested in her disposition opposed the giving every remedy in the anamnesis but Sulph., which was given 55^{m} (Fincke) one single dose.

Six weeks later: the cough had mostly ceased, the swelling from the feet gone, erotomania entirely gone, and she has gained flesh remarkably. The remedy had become exhausted and was repeated, the same potency which lasted over two months when Sulph.^{cm} (Fincke) was given. No more medicine. I am informed that she is in perfect health and perfectly free from her annoying symptoms. I am aware that this case will be disputed, but I am permitted to exhibit the case as reported and can substantiate every

part of it. The first dose of Sulphur was followed by a severe aggravation of the cough and chest symptoms, after which the subsidence of symptoms began, and continued improvement was marked until health was reached.

VERIFICATIONS.

H. N. GUERNSEY, M. D, Philadelphia.

In prescribing medicine we are too apt to confine our attention to that particular part of the body or affection, of which our patient complains. For example the head, nasal catarrh, difficulty in hearing, constipation, a tumor, ingrow-toe-nail, etc. I offer the following to illustrate what I mean by the above remark:

CASE I.—A few years ago quite a young lady called my attention to the fact that she had not been able to urinate for a number of years, having to depend upon the catheter to accomplish the act of micturition. She had reason to think I could relieve her of this dilemma. No symptoms were to be found connected with this function; simply she could not urinate. The history of the case revealed the fact that she was subject to violent attacks of neuralgic headaches, and with every attack she had increased difficulty in passing water until she could not pass it at all. Even when she had been able to pass urine it was with difficulty, and the stream was then usually intermittent. These headaches were attended with vertigo, even when lying in bed, and if she rolled her head on the pillow the vertigo became extreme. There was constipation, debility and a general appearance of ill-health. Under the use of Conium in a high potency the headaches became less severe and less frequent, her general health improved and the urine after a few weeks flowed spontaneously and naturally. She made a perfect recovery, has since married and is the happy mother of three healthy children.

CASE II.—Two years since a school girl applied to me for troubles of the eyes. They looked natural but she experienced much pain in them on studying her lessons; they were much worse on using them by gaslight; they finally became so painful she was obliged to refrain from study; she was of a leucophlegmatic temperament, light hair, and seemed pretty well. It was not yet clear to me what must be the simillimum in her case. On inquiring about the feet she told me they were always wet and cold. Had to change her stockings daily, they became so stiff from the perspiration; not offensive to the smell. I was no longer in doubt. Calc. c. very high, soon relieved her eyes of all pain, her feet became dry and pleasant and in the course of a few weeks her eyes became perfectly well.

CASE III.—About a year since I was consulted in reference to a child's weak ankles. I think I never saw a worse case. The feet turned outwards so the child literally walked on its inner malleoli. The child had light hair, not by any means a clear, fair complexion, and its feet had a most disgusting smell and were always wet with perspiration. No amount of washing would remove that disgusting odor. All stays to the ankle were discarded. Silicea of very high potency, entirely removed the bad odor of the feet and the perspiration, cleared up the child's complexion, the ankles soon became stronger, and to-day it walks, treading firmly and squarely upon the soles of its feet as well as any child that lives.

CASE IV.—Last year a gentleman consulted me about a troublesome palpitation of the heart. His former physicians termed it an "irritable heart." The palpitation would come and go; would continue violently for hours and then become quiet without any apparent cause. After plying him with many questions, all of which brought no decided idea of the perfect remedy for him, it at last came out that he was quite positive when he passed urine freely he had little or no palpitation, and when the urine was scanty, as

it often was, he was more troubled with palpitation. I then decided to give Apis, as it covered this latter condition and all the others. Apis, very high, was continued six months with perfect relief. I must state here that he had been a great smoker of tobacco, which I prohibited entirely, which order he fully obeyed. *Query.*—What will become of the case if he returns to his smoking?

CASE V.—Ingrowing toe-nails and ulcers about the nails are often most troublesome affections and the more we confine ourselves to the treatment of these apparently local troubles the worse off we shall be as well as the patient. A few months since I saw a case of this kind in company with another physician. The treatment had been localized and such remedies as Arn., Merc., Hep., Nitric ac., etc., had been given. It now turned out that she was full of Rhus tox. symptoms. Restless nights; was compelled to change her position frequently and always with relief; was stiff in joints and muscles on first motion, better after moving for a while, loss of appetite, etc. Rhus tox. in a high potency gave her good nights' rest, the stiffness of joints and limbs left her, her appetite returned, the ulcer and apparent ingrowing toe-nail got perfectly well a few weeks later without any topical application.

[*To be Continued in the Next Number of the Advance.*]

VERIFICATIONS.

BY A. F. RANDALL, Almont, Mich.

CASE I.—Mrs. R. Severe aching of left leg. Supposing it to be a case of "Wandering rheumatism," to which she was subject, prescribed Puls., without benefit. Very sensitive to touch; pain on motion; limped when walking; patient irritable and cross. Gave Bryonia. At night no better; said she would discharge me and prescribe herself; so after consulting her book she took Aconite. At four o'clock next morning she called me up, saying that "It

pained her so she could not lie still; that she would not wash again on a rainy day; that something must be done." *Rhus* [200]. In fifteen minutes was asleep and entirely well in a few hours.

CASE II.—Thinking myself still a boy, I jumped from the dock down upon the beach and discovered my mistake. A pain ran up my left leg to my stomach. I lay there a few minutes then went home, took a dose of Arnica [30]. Afterwards took a nap, and found on awakening that I had a very lame ankle, but which felt a little more limber after walking a few minutes. Took a dose of *Rhus* [c. m.]; visited several patients. Next morning lameness entirely gone and only a trifle weak. I had recovered, but was it a *cure?* It so appeared to me, for I certainly expected to be lame several days.

CASE III.—Mrs. Reid had typho-malarial fever and at last a dysenteric diarrhœa for which I prescribed several times rather carelessly but without effect, until *Rhus* was selected and given in the 200th which improved the case at once.

CASE IV.—When a student, one night a carious tooth kept me awake with its aching; was very sleepy but could not sleep. Inclination to work at it with my fingers as if trying to loosen it. One drop of *Bell.* [1x] produced a magical effect and sleep followed *instanter*. It was only for the time being, however, as I had it extracted a few days later, and thus spoiled the appearance of a fine looking set of teeth. Perhaps a high dilution would have eased the pain as quickly as the first.

CASE V.—Mrs. B., under treatment of an old-school doctor for ovarion trouble, applied to me for relief from an agonizing pain in her chest, which came on every night. Pain would come instantly, last for a few minutes, and depart as suddenly as it came. Would Belladonna cure? She was of slight build, medium height, fair complexion, with blue eyes and light hair, but her menses had always been

scanty and lasted but two days, whereas Belladonna corresponds to too profuse menses. However, I prescribed *Belladonna* [3x]. No return of the pain, and the next night patient could lie on her left side, which she had not done for some time before.

CASE VI.—A few nights ago I was called out to see a young wife three months pregnant who was suffering acutely from abdominal pain; as she had ridden ten miles over rough roads I hastily concluded that she was threatened with an abortion and gave Viburnum tincture. No result. Then thought it a good opportunity to try Schussler's Mag. phos. which I gave in the 6th, with no better result. There was a steady ache, besides an acute pain that came and went every few minutes; was restless but it hurt her to move. I finally elicited this symptom: "Felt as if a hand grasped her stomach." One dose of *Belladonna* [200] stopped the whole trouble in less than ten minutes. This patient had dark-brown almost black hair, brown eyes, medium stature. Not a typical Belladonna patient—yet I never had a better effect in any case.

CASE VII.—My horse contracted lameness in hind leg. Lame when starting, but after being driven a few minutes would be all right. Gave a few powders of Rhus [30] without perceptible benefit. Becoming worse at the approach of cold weather, I gave a few doses of *Rhus* [2x], which effected a cure in a few days; a cure with the low after apparent failure of the 30th.

CASE VIII.—A pig which belonged to your humble servant, was found one morning—after a cold rain, with insufficient shelter and bedding, sitting upon his haunches with ears lopped back and an angry and disconsolate look, and when compelled to move he did so with squealing protest, dragging his hind-quarters upon the ground. Two doses of *Rhus tox.* [2x], and the next morning he was well. This seemed like a cure, inasmuch as a patron of mine told me that he had given away a valuable pig which had been

paralyzed six weeks in the same way, and which he thought was worthless.

CASE IX.—A horse had on his side a large, rather flat, unsightly wart, for which I gave one ounce of dilute tincture of *Thuja* for external use. No result until a month after it was used up when the wart disappeared. Some of these cases suggest that the indicated remedy, even in a high dilution, will relieve pain more promptly than morphine will; others that domestic animals are "cured by their imagination," or *else* by homœopathic prescriptions.

SOCIETY PROCEEDINGS.

AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Homœopathic Physicians of America:

At the regular meeting of the American Institute of Homœopathy, held at Deer Park, Md., in June, 1884, upon motion of Dr. Lewis Sherman, of Wisconsin, the following resolution was adopted:

"The president shall appoint a committee of seven members, to be entitled the "Directors of Provings" whose duty it shall be to formulate and to publish rules for the conducting of drug-provings and to pass judgment upon such unpublished provings as shall be submitted to them with reference to their reliability and fitness for publication."

As the result of this motion and of the American Institute of Homœopathy, the board of Directors of Provings, fully aware that the success of their work depends upon the hearty coöperation of the members of the profession and upon their willingness to perform a portion of a work which is alike important to the sick and to medical science, feel justified in directly appealing to the zeal and loyalty of American homœopathic physicians to take an active part in the prosecution of the work now proposed by the national organization.

At a special session of the board of directors, held Aug. 6th, 1884, at the Grand Pacific Hotel, Chicago, a majority of the board being present, it was decided to arrange the work of the board as follows:

I. To institute experiments which shall demonstrate the consecutive action of *single, attenuated* doses, showing the consecutive development of the symptoms of the drug disease produced by the single dose.

II. To institute experiments with *single medicinal*, or *material*, doses of drugs, to ascertain the consecutive development of drug symptoms produced, with particular reference to a clear definition between primary and secondary symptoms.

III. To institute provings to obtain the fullest possible general history of the pathogenetic effects of drugs, so as to give to the profession reliable provings of the newer remedies and to increase the value of the provings of old remedies by supplementary work. In conducting provings of this class it is deemed indispensable to employ repeated and full medicinal doses of drugs, and to embrace in the experiments made tests and examinations, chemical and otherwise, had at regular intervals, to establish the action of the drug proved upon the various organs and structures of the body.

In order to make provings of the greatest possible value, it is expected that provers will make repeated examinations, at regular intervals, of the secretions and excretions of the body; they will also utilize, more especially in making provings of the third class, the various modern means of physical diagnosis, such as the ophthalmoscope, sphygmograph, spirometer, microscope, etc. The systematic employment of these helps in the making of provings is deemed by this board of the greatest importance.

This board, taking it for granted that the members of the profession are conscious of the importance of systematic

drug-experimentation and willing to aid in making the work a success, heartily recommend as follows:

(*a*). The making of provings by individual physicians either upon themselves or upon other persons who are willing to make experiments and *who* by temperament, *state of health, soundness of judgment,* and *intellectual fitness,* are qualified for this work.

(*b*). The instituting of provings by medical students, both men and women, under the direction of their preceptor, or, at college, of their teacher in Materia Medica.

(*c*). The formation in large cities of provers' unions and of Materia Medica clubs, which shall embrace in their membership, so far as circumstances permit, persons of both sexes and persons thoroughly familiar with the modern means of physical diagnosis.

(*d*). The active cooperation of the bureaus of Materia Medica of the different State societies in devoting a portion of their time and of their annual work to the instituting of drug provings as outlined by this board.

This board will cheerfully aid in every possible way each effort to prove remedies, and will direct provings upon the following basis:

To insure reliability of the symptoms obtained, drug experiments *made under the direction of this board,* will be made with drugs furnished gratuitously by the board through its secretary, Dr. A. W. Woodward, 130 South Ashland Ave, Chicago, Ill. The provers will not be informed of the name of the remedy sent them, or of the attenuations sent. All remedies will be numbered and application for a supply will be understood by the board to be equivalent to a pledge on part of the prover to faithfully carry out the spirit and letter of the directions accompanying the drug.

Experiments under the direction of this board will be made with a large range of attenuations, embracing both high and low. No experiments will be made which will

prove injurious to the health of the prover or impose upon him more than very temporary inconvenience. When provings of the third class are to be made, consisting of experiments with full medicinal doses, and involving possible inconvenience to the prover, the name of the remedy to be taken, with its known broad physiological effects, will be furnished, upon application, and the extent of the proving shall depend upon the pleasure of the prover.

To stimulate proper drug experimentation, and to reimburse, in part, provers for the inconvenience incurred by them, this board hereby offer one prize of one hundred dollars cash, one prize of fifty dollars cash, and one prize of twenty-five dollars cash, for the three best provings submitted to them no less than thirty days before the next meeting (1885) of the American Institute of Homœopathy. *Competitors must, of course, comply in every respect with the "rules for proving" which this board have formulated, and which the secretary of the board will furnish, upon application, to all persons contemplating the making of provings.* Competitors for the first prize must make provings in all the classes specified, embracing, also, experiments with the drug upon the lower animals.

Fully aware of the importance of the work undertaken, this board enters upon the discharge of a duty the performance of which demands the sacrifice of much time and effort, with the strong hope that they will receive the hearty support and co-operation of the workers of the homœopathic profession of America.

D. J. McGUIRE, President.
A. W. WOODWARD, Secretary.
E. M. HALE,
LEWIS SHERMAN.
E. A. FARRINGTON.
C. WESSELHŒFT.
H. R. ARNDT.

CHICAGO, ILL., Aug. 6, 1884.

CORRESPONDENCE.

THAT "LUCKY PRESCRIBER" ONCE MORE.

Editor Medical Advance:

In my younger days, I remember being somehow impressed with the idea that the Lord in his omniscient benevolence, had taken pity upon the numerous sick and afflicted beings, who languished under the evil influence of disease, and in order to mitigate their suffering, and to heal their infirmities, he created a race of wise men, called doctors. These wise men possessed the knowledge of the art of healing. As I grew older my ideas upon the genesis of physicians were somewhat altered, but their function has until recently seemed tolerably plain. I have been pained to find that even here I have been in error. What doctors should be, I no longer know, but this much is certain; he who, "is well up in the needs and ways of the sick," whose "*cult*" is symptomatology, and whose "exactitude at matching remedies and symptoms is marvelously good," (i. e., who is an especial adept in the administration of drugs, for the cure of disease,) that this man was only a make-believe doctor; a sort of impostor, who should be pursued with cudgels, beaten out of the professional ranks, or violently exterminated. This deceiver, who is sapping the foundation of our professional happiness, is the "lucky prescriber."

Now, Mr. Editor, I have learned how to recognize this being, but as homœopathic physicians "daily growing in sweetness of living and light of mind" (i. e., attenuated saccharinity (?)), we should all learn to know him, so that if we chance to meet such a one we may impale him upon the penetrating skewers of "scientific method," till he forswear success, and will agree to our own terms.

He may be known, first, by the fact that he is "lucky." This alone is a grievous fault, and one for which he should be condemned. "His practice is large and grows yearly."

Helas! this means he will run us in debt or out of town. At times he makes "perhaps fatal blunders." *Errare est humanum*; but don't believe it, or forgive. "In the Homœopathic Materia Medica, he find his best pabulum." Worse and worse. Such mawkish stuff is only a poor quality of spoon-victuals for children; and grown up doctors should have been weaned from such poor food. Therapy stands upon the more solid basis of "naturally delicate and helpful intuitions and knowledge of an intricate nervous pathology." He cures chronic cases, and as an evidence of his arrogant incompetency, observes conditions under which his patients become better or worse, and actually proceeds to make use of the knowledge thus obtained, in his administration of drugs. Now we have reached the limit of sufferable endurance. By this act he signs his own death warrant, and we must be up and after him.

In the name of the illustrious Hahnemann, for the honor of our golden law of cure, this rascal must be hunted down, and I earnestly entreat every conscientious member of our profession to prepare for the chase, and fail not to be "in at the death." FIZ.

Editor Medical Advance:

On the 76th page of the August number of the ADVANCE your readers are treated to a remarkable paper entitled "*The Lucky Prescriber.*" The author of this paper undertakes to expose his own inwardness in gushing, almost absurdly, illogical language. The object of the paper is clearly a desire to belittle the homœopathician who does not sport the pathological livery and who, in the simplicity of his mind, has accepted the teachings and the inductive methods of Samuel Hahnemann.

The very title of the paper is worse than a blunder; there are no such healers as *lucky prescribers.* There are successful prescribers because they are homœopathicians, not because they have "luck," and there are unsuccessful

because they are only sham homœopaths, that is exactly the whole truth of the matter; and of course these fellows who are homœopaths by name only have no "luck," and they meet with innumerable failures. Now comes one of these unlucky men who pitches into the successful prescriber; and what does the unsuccessful unlucky doctor mean when he describes the lucky prescriber, who, as he says, flourishes more rampantly among the followers of Hahnemann "because *symptomatology being his chief glory and cause of life he finds in the Homœopathic Materia Medica his best pabulum. His faults are insidious as his methods are pernicious, because seemingly negative.*" If the learned doctor who penned this absurdity belonged truly to the followers of Hahnemann he should know that the taking up and arranging the symptoms of the sick implies a knowledge of all the collateral sciences in medicine. This arranged symptomatology in a given case of sickness requires skill; luck has nothing to do with it. We fully understand our learned doctor in the pathological livery who is yearning after the flesh pots of Egypt and who rejects, plainly, the delivery from the slavery of attempting to cure hypothetical pathological conditions, by Samuel Hahnemann's plan. Diagnosticate, and then what? Why Richard Hughes & Co., are compiling a pathological picture-book to show the way back into Egyptian slavery and Egyptian darkness. If the methods of the lucky (successful) prescribers are pernicious the people will soon drop them, and so will the people by and by drop all unsuccessful (unlucky!!!) prescribers.

Again this unsuccessful prescriber says of the lucky precriber. "*But withal he flourishes like a green-bay tree, for this man's cases are never hidden under a bushel, but are written and talked of far and wide. Hinc illæ lachrymæ!* So are your *failures* talked of far and wide, sir! The comparison between the cures made by an honest, skillful homœopathician and the failures following the

homœopathic treatment by name only with additions of Chininum sulph., Morphia and other crude drugs are talked of wide and far; and who are to be the final judges between the honest homœopathician and the "pretenders," as Hahnemann already called them? Why the people at large, not the profession or the professing Homœopaths, only the people; and in these days of progress the people who at last have found the "regulars" to be regular in but one respect, that is in their failures to cure, and who therefore have abandoned them, look to the homœopathician and expect him to adopt the methods of Hahnemann. The intelligent people demand it, and when some unlueky prescriber belonging to the followers of our learned writer is consulted by a homœopathic patient who knows the methosd of Hahnemann, has read the Organon of the Healing Art, and for more than a quarter of a century has learned to appreciate the success that the true (lucky) healer has had, and is told by that prefessing homœopath (not living one-hundred miles from Baltimore) that he, a scientific method man, believes that Homœopathy would have been adopted long ago as the prevailing practice, if Hahnemann had never written the Organon of the Healing Art, which this scientific method man denounced as "the greatest error of Hahnemann's life." That unlucky prescriber is dropped, although he raves and belittles his betters. And heres come to the rescue on the very next page, another doctor, who develops the true inwardness of these men when he proclaims that "*the sensible (scientific) man makes a critical examination, when he beholds the true nature of the disease, and is enabled to treat it upon scientific prineiples and thus affect a cure.*" Bosh! He calls himself a homœopath and here hoists the old allopathic flag which Hahnemann tore down, dissected the absurdity of such fallacies and gave the world his Organon of the Healing Art, in which are developed the truly scientific principles of the art of healing.

"*The true nature of the disease!*" Indeed, and after discovering this hidden problem he resorts to scientific principles and cures! Elegant is this phrasology, but where in the name of common sense is the homœopathy of this long exploded proposition? In our days Dr. Koch *thinks* he has found the true nature of the cholera in a single critter looking like a letter of interrogation (?), or at times the monster melts into a double figure like an 8. Has he *cured* a case of cholera? Hahnemann taught the world how to cure the cholera, but not on those principles that our learned doctor calls scientific. Nevertheless the science to cure was taught by him, and neither the scoffer nor the homœopath without Homœopathy will ever see the day when the successful healer will be superseded by a blind set of men who profess to be able to detail the true nature of disease on scientific principles, and thus to cure it, and still profess to be homœopaths. Between these blind men and their annihilation pronunciamento stand the people who know what true Homœopathy is.

The crying need of the rising physician of the present day is that he should be taught Homœopathy in its simplicity as Hahnemann taught it, as the early pioneers all, without exception, practiced it, and in that way only, fought the early hard battles which gave our healing art a standing through its success. They were all lucky prescribers because they were honest, hard-working men, and after all their hard fought battles, here rises a jealous, unsuccessful prescriber who thinks they can be annihilated. With one parting word we will let the tearful doctor retire to Egypt. Illustrate your propositions, describe a case which was treated homœopathically *without success*, and was then *cured* after you or some one like you had found out "*the true nature of the disease*" and the applied those "scientific principles of which you so valorously boast.

AD. LIPPE.

Philadelphia, September 1, 1884.

WESTERN NORTH CAROLINA.

Editor Medical Advance:

Few physicians know the importance and value of this mountain region of the south as a resort for consumptives. And yet it would seem that it had not been ignored by writers. Judge Aston, mayor of Asheville, wrote in a letter to Austin S. Cushman, Esq., of New York, as follows: "The climate is mild and equable, neither the heat of summer nor the cold of winter is extreme, owing to our high altitude in a low latitude. The winters are short and only the nights cool. The rainy months are generally during the growth of crops and when the nights are warm. No malarial diseases ever exist among us, and the national statistics show that in point of salubrity and healthfulness we stand in the foremost rank with the most favored localities."

And he wrote before closing his letter: "This section has within a few years been brought largely into public notice, and, thanks to the enterprising efforts of Harper's Magazine; of Scribner's Magazine; to the talented authoress of 'The Land of the Sky;' the pamphlets of the Piedmont Air Line Railroad; of Dr. Gleitzmann; of Dr. H. P. Gatchell Sr.; and of yourself in Switzerland, besides the articles of the Southern Herald and Workingman's Friend; we begin to see new faces of many who came to sojourn among us."

As long ago as 1857 my father Prof. H. P. Gatchell, M. D., recognized the superiority of this region, and in 1870 he wrote a pamphlet on its mineral wealth, climate, salubrity, and scenery, in which, after mentioning the importance of a moderately cool and invigorating air, a certain degree of altitude and dryness in promoting the recovery of consumptives, he states that these conditions are met with here more fully than in any other part of the United States.

The following table shows the ratio of consumption in several sections of the country. The figures on the right indicate the number from consumption in every one thousand deaths.

Northern New England	250	(nearly.)
Minnesota and California	150	
Kentucky and Tennessee	100	
Florida	50	
Western North Carolina	30	

The last figure (30) applies as well to the adjoining counties in South Carolina and Georgia.

The writer has been in Asheville for two months, he has met patients from Florida, Texas, California, Colorado, and nearly every other state in the union; he has yet to find one who came here without improvement or complete recovery.

Dr. Cain. formerly of Charleston, and who has practiced here for many years, states that not one of the many consumptives, in different stages, that he has sent to Asheville, has failed to improve, and he regards it as the most healthful country in the world.

The distingnished Prof. Dickson, of Jefferson Medical College, Philadelphia, stated that the health of himself and family had nowhere improved so much as in Asheville. He "is not aware of any other spot in Europe or America, so full of all that is desirable" as the country around Asheville.

EDWIN A. GATCHELL, M. D.

WANTED: HELP ON REVISION.

Editor Medical Advance:

The editors of the Cyclopedia of Drug Pathogenesy, authorized by the American Institute of Homœopathy and the British Homœopathic Society, in writing up the narratives of symptoms, as furnished in cases of drug proving and drug poisoning, desire the help of the profession.

In order to bring out a reliable work, one that will compare favorably with the repositories of facts in other de-

partments of science, one that will prove satisfactory to the pains-taking practitioners of medicine, it is necessary to gather all the good and to avoid all the spurious in reported drug effects.

To do this the editors must have the day-books, or original records, of provers and observers, with such further information as may enable them to judge of the reliability of what has been recorded.

In the name of the two great national societies and in the interest of certitude in Materia Medica, all medical men are called on to forward their provings and notes of poisonings, with all needed explanatory remarks to the editors, Dr. Richard Hughes, Brighton, England, or Dr. J. P. Dake, Nashville, Tennessee.

For such aid compensation cannot be offered except in hearty thanks, inasmuch as the editors themselves will receive no pay for time and labor bestowed.

Taking remedies in alphabetical order, part first will come down to Agaricus, embracing all the Acids.

Any information throwing light on what has been recorded and any criticism, in the interest of truth, will be gratefully received. J. P. DAKE.

GYNÆCOLOGY.

UTERINE DISPLACEMENTS.*

BY HENRY MINTON, M. D., Brooklyn, N. Y.

"It takes all kinds of people to make a world." We shall give the readers of this journal a reprint of Dr. Minton's paper, read before the Mass. Surgical and Gynæcological Society, because it contains views and opinions that are acceptable to many of our subscribers. Nevertheless we cannot in every particular agree with the author.

*Note by Dr. Phil Porter, M. D., Gynæcological Editor.

While uterine displacements are, as Dr. Minton states, symptoms of a pathological condition existing in the pelvis, still, that symptom (certain forms of displacements) *will not, cannot be relieved* by the so-called indicated remedy, (*simillimum*) and this fact can be easily demonstrated, to the satisfaction of any mind.

We fully agree with the writer, when he complains of the many unnecessary local examinations made, and yet, on the other hand we have seen the most absurd, yes, ridiculous mistakes made by *not* making a digital examination. In these cases of errors *Homœopathy* receives the benefit. We have now determined to let the subject of speculums, sounds, local examinations and applications etc., occupy the position made for and by themselves in the profession as they are here to stay. As much can be said on one side of this question as the other. It is like the potency question, "you pay your money and take your choice." Discussing the matter will not add one recruit to either side. It requires a combination of circumstances to establish a practitioner's habits in this direction. P. P.

At no period in the history of medicine has the gynæcological craze, in regard to uterine displacements reached a higher point than it now occupies.

Every pelvic pain, and many pains that are far from being pelvic, indeed every abnormal condition of the female sexual organs not easily accounted for are at once attributed to "falling of the womb," or to some variety of uterine displacement.

The importance of the subject is made manifest by its allotment for our consideration this evening; this whole society is requested to give it their undivided attention, and each individual member is expected to throw all the light he may possess upon it.

The complaint has become quite popular, and is talked about with as much familiarity and complacency as was at

one time awarded to "biliousness," and the satisfaction it affords as an explanation of many ills is truly astonishing. The phrase is hackneyed and meaningless, still, like that other now popular term "malaria," is bandied about by physician and patient with an unction that passes for a complete and satisfactory explanation of the most abstruse and complicated cases.

The woman now who has the temerity to consult a specialist in regard to any of the numerous complaints to which her sex is liable, is almost certain, and without much ceremony, to be requested to assume the genu-pectoral position on a gynæcological table, while a visual and manual survey of her external and internal genitalia is made. This examination must, of course, reveal something, and where no absolute infraction is found, displacement is sure to exist to a greater or less extent. Displacement, or what passes for displacement, is certain to be found because the normal position of the uterus within the pelvis is never constant, but ever-changing.

I hold in great disfavor this readiness and haste in making local explorations. The unwarranted presumption of many in the profession, that because a woman suffers from backache and pelvic distress, she must therefore have some local uterine disease, demanding a speculum examination should be frowned down by all right-thinking men. We thoroughly appreciate the necessity of a correct diagnosis, and would censure any man who failed to make all reasonable efforts to attain it; at the same time I am decidedly of the opinion that the treatment of sexual complaints in young and unmarried women should be purely constitutional until such time as the necessity for local exploration is *clearly* and *positively* apparent. Never resorting to, or placing any reliance upon, local treatment, the appearance of the parts upon inspection affords us no therapeutic indications, and therefore is of but little practical interest.

The etiology and pathology of uterine displacements has received as much, if not more, attention than any other morbid condition of the female sexual organs.

Men of acknowledged ability in the profession have for ages past given it their close attention, and have written volumes upon the subject, endeavoring to elucidate and enforce their particular and often peculiar theories in regard to its cause, and detrimental effect upon the health of women; and still the most important point connected with the whole subject, "uterine therapeutics," has not advanced one whit. The same old mechanical methods of past ages are still depended upon. This stasis is the result of a misapprehension of cause and effect. Believing that uterine displacement is a cause of suffering, the chief endeavor has been to devise some mechanical means for its relief, and under this delusion a system of "uterine mechanics" has grown up, which from its directness, simplicity and plausibility has gained many adherents, while "uterine therapeutics" have been neglected.

Believing, as I do, that uterine displacement is but a symptom of some constitutional defection, or simply attendant upon some local abnormality, not a disease *per se*, I cannot refrain from entering my protest against the use of mechanical means of all kinds and descriptions, (of course I am not speakeng of sudden displacements from mechanical causes, as falls, shocks, etc.). I do not believe that uterine displacement of any kind or degree was ever cured, or even benefited, by the use of a pessary. This, I fully realize, is a strong assertion, and is in direct opposition to the teachings of many intelligent and honorable men; nevertheless, I believe it to be true, and my belief is not founded upon theory alone, but upon a long and varied experience.

It can be easily demonstrated that uterine displacement is not a disease and that it does not deserve the attention in treatment that is now so bountifully bestowed upon it. It is a symptom only, and as such will subside when the

cause which induced it has been removed. The causes of which it is but a symptom will, in the large majority of cases, be found to be chronic pelvic cellular inflammation, any inter-pelvic disorder which diminishes the supports of the uterus, or a local neurosis, arising from an impaired or disordered highly developed nervous system.

The uterus being a movable organ within the pelvis is subject to various changes of position. Its mobility is one of its most characteristic features. All its attachments when in a healthy condition are such as to admit of the utmost freedom of motion within certain limits in all directions. With every motion of the body, even by ordinary respiration, and when coughing, singing, laughing, or when walking the position of the uterus is changed. When standing the uterus sinks downward, even in the virgin. With the finger the uterus can be lifted up and moved in all directions, and during coition the uterus is elevated to a considerable extent without giving pain. By tight clothing the uterus is forced completely out of its place without a word of complaint from the subject, or the development of a morbid sign. We are all familiar with what ease and impunity the uterus can be drawn down close to the vulva for surgical interference. The uterus is constantly exposed to forces producing temporary displacements; for instance, the bladder in front when fully distended produces complete retroversion, which, though annoying, is seldom painful, and what annoyance there may be comes from the bladder and not from the uterus; behind, is the rectum which when distended acts also as a displacing cause, operating from above and behind producing anteversion. From above we have the abdominal pressure which is constantly acting upon the uterus, and which is greatly increased by every straining effort which brings the abdominal muscles into action or a state of tension, while below the pelvic floor has a constant action in supporting the uterus against the pressure from above.

From these facts it will be seen that the uterus may be displaced in any direction, and the causes of such displacements are but natural conditions which are in constant operation. Thus we may have retroflexion, anteflexion, ascent, descent, prolapsus, or, in fact, any decided removal of the uterus from its normal position while the subject remains perfectly oblivious to the transition constantly in operation.

These displacements are transient and pass away when the conditions which produce them cease to operate; they are therefore purely physiological. It is only when the uterus becomes fixed and stationary, failing to return to its normal position from a continuance of the condition which displaced it, that treatment is called for.

What is the normal position of the uterus, is a question of vital importance to those physicians who look upon the displacement as the cause of all the concomitant symptoms with which it may be associated.

It has never yet been revealed to man what the normal position of the uterus is. The very means which we must adopt in studying its topography is sufficient to frustrate the end in view; the simple introduction of the finger into the vagina will often be sufficient to excite a movement of the uterus. What the anatomist considers a uterus in a normal position, the gynæcologist considers abnormal. It is impossible to establish a point which can be accepted as the normal position in health.

Great pains have been taken by gynæcologists to demonstrate what they believe to be the exact angle which the "long axis of the uterus should make with the horizon, when a woman is in the erect position," as a governing principle in the adjustment of pessaries. These efforts of late have been greatly stimulated by the prodigious efforts of uterine mechanics. Men, with an assurance that to the more modest in the profession seems astounding, will map out the exact position which the uterus should occupy, and

every line of departure from this standard they are capable of determining with geometrical accuracy, and will indicate the exact mechanical contrivance that alone can rectify the displacement and cure the patient. This is a laudable ambition, and were it not for the absence of two important facts, would be worthy of emulation; namely, we have no evidence that uterine displacement ever causes local or constitutional disturbance of any kind; secondly, we have no evidence that replacement and retention of the uterus in its supposed normal position, affords any relief from the numerous discomforts with which the displacement is associated

As before stated, uterine displacement is not a disease, but a symptom, the result of uterine and peri-uterine inflammation, or a local neurosis, arising from an impaired or disordered, highly developed nervous system.

Here, as elsewhere, the totality of the symptoms constitutes the disease, and the similimum is the remedy.

POISONING—ELECTRICITY.

BY C. A. WILSON, M. D., Eaton Rapids, Mich.

I was called in counsel to attend a young man who had attempted suicide by taking poison. On my arrival some thirty minutes later patient was found in deep coma from which it was impossible to arouse him. Face dark and turgid, jaws set, eyes insensible to light and pupils firmly contracted. Pulse full, soft and compressible, but normal as to rhythm. Respiration slow, feeble and superficial. Attempts were made to administer an emetic of Zinc. sulph with only partial success, but vomiting was excited by tickling throat with finger—after which Tinct. Belladonna in 8 to 10 drop doses was given. Hot and cold water alternately dashed in his face, flagellation of body and limbs with a wet towel, but with little benefit; patient could not be aroused sufficiently to give any hopes for recovery.

By this time my battery, which had been sent for, arrived and a heavy A. D. current with positive pole to extremities and negative over chest, was applied, producing almost immediate benefit, so that patient was soon able to swallow; breathing became deeper and pulse more natural. Strong coffee was now given and electricity continued as above. In an hour patient could be aroused sufficiently to answer questions intelligently and by three o'clock we had the satisfaction of seeing him out of danger and in a fair way for recovery. He remained more or less drowsy and slept nearly all the next day with occasional vomiting spells, but the improvement continued and recovery was complete. The drugs taken were Opium and Chloral Hydrate, just how much could not be ascertained.

UNIVERSITY ITEMS.*

UNIVERSITY OF MICHIGAN, HOMŒOPATHIC DEPARTMENT COMMENCEMENT EXERCISES.

Once more the great University opened and several hundred newly made graduates stepped forth endorsed by Regents and Faculties to enter upon the business of life. Commencement week was full of work and our beautiful city was overrun with friends and strangers. President Angell's address to the graduates on Sunday was a most able and interesting effort. It was full of modern thought and expressed in a masterly manner the principles of progress characteristic of modern times. The Hahnemannian Society held its regular graduating exercises in the College Amphitheatre on Wednesday evening and this was followed by an Alumni Banquet at the Cook House which was well attended and greatly enjoyed. On Thursday, June 26, the commencement exercises were held in University Hall and in the presence of an audience of four thousand, Bishop

*These items were in type for the July number, but by an unfortunate blunder they were omitted.

Potter, of New York, gave his magnificent oration and the President conferred the degrees of the several departments. The Homœopathic Department was well represented by the following, upon whom the President by order of the Honorable the Board of Regents bestowed the degree of Doctor of Medicine:

Frank B. Adams, Michigan; Henry J. Allen, Michigan; Eldee Edward Austin, Michigan; George Blatchford, Ontario; Frank A. Cameron, Ontario; Fred M. Gibson, Michigan; Louise M. Hayes, Wisconsin; Rufus J. Hyde, Michigan; Frank O. Hart, Ohio; Frank A. Johnson, A. B., Michigan; Chas, L. Johnston, Maine; J. Kate Laub, Iowa; Mary Louise Lines, New York; Chas. D. Long, Michigan; Chas. O. Munns, Ohio; Walter H. Sawyer, Michigan; John R. Shank, Michigan; Louis N. Tuttle, Michigan; Wm. J. Wallace, New York; Rose C. Wilder, New York.

With a few exceptions all these have taken the full three courses of lectures prescribed by the Board of Regents.

The Alumni Association of the Homœopathic Department elected the following officers for the ensuing year: R. C. Olin, M. D., of Detroit, president; Emma E. Bower, M. D., of Ann Arbor, vice-president; W. H. Sawyer, M. D., of Grass Lake, secretary, and Mrs. Louise M. Hayes, M. D., Wisconsin, treasurer. A year hence a large gathering of the alumni is looked for.

Walter H. Sawyer, M. D., has been appointed house surgeon of the Homœopathic Hospital for the coming year. This is well deserved and gratifying to all.

Dr. W. H. Davis, for the past two years resident physician of the hospital, retires with the commendation of the Faculty and friends of the Homœopathic Department. His administration has given satisfaction to patients and professors.

EDITORIAL.

Dr. H. C. Allen retires from the chair of Materia Medica, Pharmacology and Clinical Medicine, in the Homœopathic department of the University, with the proud satisfaction of knowing that in that position he has done most valuable work for the school and the profession. As a teacher of Materia Medica he has no superior, and as a lecturer he has always had the universal respect and admiration of his pupils. His long experience in college work has given him the best of opportunities for impressing his enthusiasm and love of Homœopathy upon a large number of young men and women. He has always taught Materia Medica from a sincere love of it and with an intelligent appreciation of its worth, and his unfaltering devotion to the doctrines of Hahnemann, and profound faith in similia have given him a strong hold upon multitudes of admiring friends. Dr. Allen goes out of the chair he has so ably filled, with the respect and good wishes of his late conferes.

NEW PUBLICATIONS.

THE AMERICAN HOMŒOPATHIC DISPENSATORY. By. T. D. WILLIAMS, M. D. Chicago: GROSS & DELBRIDGE, 1884.

This is a formidable volume of over seven hundred pages, while the American Homœopathic Pharmacopœia, of Boericke & Tafel, has only 500, and each is intended to give complete directions for the preparation of homœopathic remedies. In the Pharmacopœia and all previous works of this kind, the directions for preparing the remedies are given by classes, as per instructions of Hahnemann. By this method Aconite, Thuja, Staphisagria, each represents a class, and the directions for preparing one would apply to every member of the class, hence avoiding repetition and condensing the work; but necessitating a frequent reference to this part of the work when a remedy was to be prepared. The special feature of the present work is the enumeration under each drug of the several methods of preparation, with explicit directions for

each, which will no doubt be found much more convenient by everyone, including the pharmaceutist himself. The increased size and cost is in consequence of this repetition, but for the majority we think it will pay. The work is a credit to the publishers in its mechanical execution. The analysis of mineral springs in the appendix will be a convenience, and we wish we could say as much for "General Formulary" under chapter X. How the author could reconcile "Castillion's Powders," "Hale's Nerve Tonic," "Small's Surgical Salve," "Delamaters's Compound Laxative Powders," "Hale's Uterine Injection," etc., as preparations fit for a homœopathic dispensatory is incomprehensible. It would be better for the cause, the book, the author and the publisher if the entire chapter were expunged. H. C. A.

PHYSICIAN'S POCKET REAGENT CASE. Price of case complete, with Instruction Book. Paper $1.00. Leather $1.50.

This small pocket case, introduced by Parke, Davis & Co. of Detroit, contains a complete set of chemical apparatus and reagents for qualitative and quantitative analysis of urine at the bedside. It consists of two test tubes, one of which is graduated; a graduated minim pipette, and a set of six specific gravity beads, corresponding respectively with specific gravities of 1,005, 1,010, 1,015, 1,020, 1,025, 1,030. Although not giving the specific gravity with the exactness of the urinometer, these will be found very convenient and sufficiently exact for practical every day work, and much more durable than the urinometer. It also contains a series of urinary test papers, and taken all in all it would be difficult to devise a more complete and compact vest-pocket chemical laboratory. These bed-side tests originated with Dr. Oliver of Harrowgate England, and were fully set forth by Dr. Purdy in the Jan. 1884 No. of the *Journal of the American Medical Association.* It will repay its cost many times a year.

SEXUAL NEURASTHEMIA. (Nervous Exhaustion). Its Hygiene, Causes, Symptoms and Treatment, by G. M. Beard, A. M., M. D. Edited by A. D. Rockwell. M. D. New York, E. B. Treat, 757 Broadway, 1884. Price $2.00.

This book of 270 pages is the posthumous work of Dr. Beard, edited by his former associate. It is a work from which much practical knowledge may be gleaned of this hydra-headed subject, that the practitioner has in some form to face nearly every day. The chapter on "Sexual Hygiene" will alone repay the cost of the

work. The author maintains that seminal emissions may be the *effects* as well as the *cause* of disease, and that marriage is not a cure of this any more than of any other disease. The treatment is largely hygienic and electrical, and "the great majority of cases of seminal emissions can by proper treatment be substantially cured." What the therapeutics of Homœopathy can add to the above is best known to the careful prescriber. H. C. A.

DIARRHŒA AND DYSENTERY, by P. P. WELLS, M. D., with a repertory by E. J. LEE, M. D.

This is a pocket campanion, a volume of 68 pages, illustrating "the method of homœopathic prescribing," by a master of the art. Every possessor of "Bell on Diarrhœa," should have this work also. It will many times repay its cost and study. H. C. A.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY of the state of New York, 1884, Vol. XIX.

This volume of over 300 pages, is the record of the 32 semi-annual, and 33 annual meetings of the society. There are many valuable papers which will repay a careful perusal. Can be obtained from the treasurer, H. L. Waldo, M. D., West Troy.

H. C. A.

A COMPEND OF ORGANIC AND MEDICAL CHEMISTRY, including Urinary Analysis and the Examinations of Water and Food, by H. LEFFMANN, M. D.

This little volume of 125 pages, is another of Blakiston's admirable series of quiz—compends, invaluable to the student and busy practicioner. Both in style and type it is well condensed, and contains a large amount of valuable matter. H. C. A.

BOOKS AND PAMPHLETS RECEIVED.

Presidents' address, California State Society, by G. M. Pease, M. D., San Francisco.

Bulletin of the Buffalo Naturalists' Field Club.

Proceedings of the Tennessee State Board of Health.

Proceedings of the Naval Medical Society, Washington, D. C. eighth annual session.

Proceedings of Missouri Institute of Homœopathy.

By-Laws of the National Homœopathic Hospital, Washington, D. C.

Salary List and the Civil Service Rules and Regulations, Washington, D. C.

EDITOR'S TABLE.

"WE have met the enemy, and we are theirs." A. C. Cowperthwaite, M. D., has been appointed to the chair of Materia Medica, U. of M.—Vice, Allen, retired. He will begin his lectures here in March, after the close of lectures in the Iowa College.

MISS EMMA E. BOWER, M. D., (U. of M., '83,) has gone to Ludington, Mich.

A live homœopathic physician wanted at Shell Lake, Wis. For particulars address F. B. Nelson, county clerk.

MARRIED—Mr. Will O. Jacobi and Miss S. E. Chapman, both members of the senior class (U. of M.,) were married August 27.

THE autumn meeting of the Medical Society, of northern New York, will be held at the City Hall, Albany, Wednesday, October 1, 1884.

E. C. FRANKLIN, M. D., has been superseded in the editorial management of the *Periscope*, by Profs. W. A. Edmonds and S. B. Parsons.

THE Hon. Julius H. Seelye is preparing an article on "Moral Character in Politics," to appear in the next issue of the *North American Review.*

THE wife of E. R. Ellis, M. D., of Detroit, died August 16, of congestion of the brain. The doctor has the sympathies of many friends in the state, in his affliction.

DR. H. A. WORLEY has formed a copartnership with Dr. C. M. Dinsmore, at Omaha, Neb. Dr. Boyle, of Washington, Iowa, succeeds Dr. Worley at Davenport, Iowa.

PROF. S. LILIENTHAL has been spending his vacation in California, and doing good by delivering a course of lectures on mental diseases, to the students of Hahnemann College, San Francisco.

C. H. BLACKBURN, M. D., (U. of M., '83) has located in Marshall, Texas. Population 8,000. The doctor will be a valuable addition to the working corps of the state, and we predict for him a successful professional career.

DR. F. P. LEFFERTS, Belvidere, N. J., recently attended a woman who gave birth to a child with an extra little finger on each hand, attached near the base of the little finger. The child also had an extra little toe which was perfect.

SUBSCRIBERS will confer a favor on the publishers by promptly giving notice of any irregularity in the receipt of their journal. They should also bear in mind that postage *must be prepaid* on printed matter, before it can be forwarded to a new address.

AMEN! If readers of medical journals that have the abominable habit of interleaving the "ads." with the reading matter, will at once, on discovery, tear out and destroy the intruder without inspection, as many do, it may help to put a stop to the offensive practice.—*N. Y. Medical Times.*

ON the 24th page of the new Michigan Directory issued by Dr. Farnsworth of Saginaw, occurs the unfortunate error "Detroit physicians inform us that E R. Ellis, M. D., is not a Homœopath." As Dr. Ellis is known as a Homœopath of 30 years standing, the publishers sincerely regret the mistake.

A first-class chance is now offered to any good man with ready cash, to step into a practice of over $3,000 a year. Collections 90 per cent. without dunning. Mostly office practice. Can be largely increased by riding. City now contains 10,000, and gaining rapidly. No other Homœopathist in the county. Satisfactory reasons for selling. Address, "W," this office.

DR. DANIEL R. BROWER, professor mental and nervous diseases and medical jurisprudence, Woman's Medical College, and editor *Chicago Medical Journal and Examiner*, says: "I have been using Bromidia in my practice for several months, and find it to be a very valuable hypnotic. The disagreeable taste of the chloral and the bromide are quite effectually concealed, and the depressive influence of the drugs on the circulation admirably counteracted by the cannabis-indica and hyoscyamus."

THE CENTRAL MICHIGAN HOMŒOPATHIC MEDICAL SOCIETY. —This society was organized at Jackson, July 28. It is composed of the physicians resident in Jackson and adjacent counties, and will meet quarterly. The attendance was good, and a number of interesting clinical cases were reported and discussed. Dr. L. M. Jones was made President, and Dr. S. R. Kreidler, Secretary. A number of valuable papers will be presented at the next meeting, Oct. 15, and a cordial invitation is extended to all.

BISMARCK has thrown over another lifelong friend, Dr. Struck, formerly his physician, who incurred his enmity by refusing to meet in consultation the Homeopathist, Dr. Schwenniger, whom it was one of the Iron Chancellor's whims to employ. A place was refused him on the International Health Commission, and he has consequently retired from the Imperial Board of Health, of which he was President. Meantime the lucky Schwenniger is rising higher and higher. His latest appointment is to a Professorship at Berlin University, much to the disgust of the orthodox teachers of medicine.

WHEN an infant does not thrive well, the cause is in nearly every case, improper food. Hon. Ernst G. Timme, Secretary of State, Madison, Wisconsin, says: "It gives me great pleasure to say, that having raised two children upon Horlick's Food for Infants, I am satisfied that it affords complete nourishment, promotes muscular strength, firmness of flesh, and that it is the very best preparation for the nutrition of young children." Book on treatment of children sent free. Horlick's Food Co., Racine, Wis.

DR. J. F. EDGAR, Lexington, Ky., under recent date says: "There is an impression among northern M. Ds., that Homœopathy is not wanted in Kentucky, or the south. The people do not want third or fourth rate men. But they do want good Homœopathicians—representative men—and for these we have good openings all around us; and such men will succeed. The country is wealthy, the roads all macadamized, and office business is mostly cash. We would like to see some M. Ds. (U. of M.) down here, and would gladly aid them in a location."

THE Homœopathic Medical Society of Pennsylvania will hold its Twentieth Annual Session in Pittsburgh in September next, beginning at 10 A. M. on Tuesday the 16th, and continuing in session the two days following, or until its business is transacted. The meetings of the society will be held in the new hospital building, on Second Avenue. The Monongahela House, in close proximity to the place of meeting, has been selected as headquarters for the visiting members and friends. Rates, three and four dollars per day. A full attendance is expected,

R. E. CARRUTHERS, SEC.

Ad hominen.—Lord Odo Russell, while calling upon Prince Bismarck a short time ago, asked him how he managed to rid himself of that class of unfortunate visitors whom he could not well refuse to see, but whose room he found preferable to their company. "Oh," replied the chancellor, "I have a very simple method. My wife knows them pretty well, and when she sees they are with me she generally contrives to call me away upon some pretext or another." He had scarcely finished speaking when the Princess put her head in at the door and said: "Otto, you must come and take your medicine. You ought to have had it ten minutes ago."

IN a circular recently issued by Cornell University, the results of co-education are summed up as follows: "Young women bear the strain of mental work quite as well as young men, and there is not more sickness among them; moreover a large percentage of them complete the course and graduate, and the average scholar-

ship among them is higher than among young men. The fact does not necessarily imply mental superiority; it results, doubtless, from the greater regularity with which they apply themselves to their task." The same can be said of the "co-ed" in the University of Michigan, both in the literary and professional departments.

PROF. VULPIAN brought before the notice of the French Academy of Medicine, July 29, no fewer than 250 modes of treating cholera, submitted by various aspiring therapeutists. The motive which induced those gentlemen to trouble the academy with their communications was by no means a disinterested desire to relieve the sufferings of humanity; they were one and all candidates for the Bréant prize. A merchant of the name of Bréant, or Brehant, who lived all his life in continual fear of dying of cholera, and who naturally diėd of some commoner disorder which never cost him a moment's apprehension, left some years ago the sum of £4,000 to be given as a prize to the person who should discover an infallible remedy for cholera. This prize is still awaiting a claimant. It will not fall to the lot of any of the present competitors, as Prof. Vulpian condemned all their systems and recipes. Warm water, castor-oil, and petroleum were some of the specifics recommended.

THE following members of the class of '84, (U. of M.,) are located as follows, as far as heard from: F. B. Adams, M. D., Plymouth, Mich.; H. J. Allen, M. D., Isphpeming, Mich.; E. E. Austin, M. D., is with his brother in Minneapolis, Minn.; Geo. Blatchford, M. D., Dale, Ontario; F. A. Cameron, M. D, Clinton, Mich.; F. M. Gibson, M. D., Chippewa Falls, Wis.; F. O. Hart, M. D., West Unity, Ohio; Mrs. L. M. Hays, M. D., Minneapolis, Minn; F. A. Johnson, M D, West Bay City, Mich.; C. L. Johnston, M. D., of Winthrop, Maine, is spending a year in European hospitals; Miss J. K. Laub, M. D., is at her old home, Dennison, Iowa; Miss Mary L. Lines, M. D., will practice at 344 Washington Ave., Brooklyn, N Y.; C. D. Long, M. D., hangs out his sign at his old home, Adrian, Mich.; C. O. Munns, M. D., Oxford, Ohio; W. H. Sawyer, M. D., resident physician at hospital; L. N. Tuttle, M. D., Newaygo, Mich.; W. I. Wallace, M. D., Washingtonville, N. Y.; Miss R. C. Wilder, M. D., is physician at the Reform School for Girls, Adrian, Mich.

ATTENTION, SUBSCRIBERS! Subscriptions for volume XV, beginning with July number are now due, and it is needless to add, many are still unpaid. It requires money "to make a journal go," and a prompt remittance of these small items will confer a great favor on the publishers.

J. W. Dowling L. D.

THE

MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

T. P. WILSON, M. D., EDITOR. PHIL. PORTER, M. D., GYNECOLOGICAL EDITOR.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING CO., Ann Arbor, Mich.

H. C. ALLEN, M. D., Business Manager.

VOL. XV. ANN ARBOR, OCTOBER, 1884. NO. 4.

ORIGINAL CONTRIBUTIONS.

THERAPEUTIC ACTION OF DRUGS UPON THE HOMŒOPATHIC LAW.

C. R. MUZZY, M. D., Newton, Wis.

In the treatment of this subject if I bring in questions which appear to you irrelevant, I trust you will have patience to hear me through. Whatever I may have to say in connection with the subject, wherein I may assume the part of critic, it shall be my purpose to say for the good of Homœopathy according to the best of my judgment; if I err in judgment I ask you to point out the errors in clean cut language in behalf of the same good cause. It is said that harmony is the strength and support of all institutions, but if any institution departs from the principles upon which it is founded, harmony alone cannot long sustain it. If any institution is established upon fundamental truths the dissemination of which are essential to the welfare of mankind, its principles will live though the society dies a hundred deaths. *This* society has such a foundation, and if we

see to it that our work as representative men is in harmony with the principles of Homœopathy, we need not fear if the surface of the waters is sometimes ruffled and white-caps are seen.

It has been a great source of pleasure to me to observe the changes which take place in the human organism after the administration of drugs according to this law, and I wish that all who engage in this field of labor of trying to heal the sick and relieve suffering, might enjoy this pleasure to the fullest extent. It would be unreasonable, perhaps, to expect all to take the same interest in the same subject, but, the study of the action of drugs might be called a legitimate hobby. The central or motive part to any scientific system may be studied to that extent, I think, as it contributes to all other branches of the system. The therapeutic action of drugs—having become a science by the discovery of the law "Similia"—that law is the central power of our system of medicine, and if we would have this system generally adopted we must unfurl the homœopathic banner and in all our deliberations, in council and in practice, stand firmly by its motto.

It is to be observed that some who take great interest in some one of the special branches of medicine do not devote the attention to the study of the action of drugs that the subject really demands. This is apparent to the therapeutist who hears and reads the accounts of the surgical (local) treatment of cases failing which he knows are amenable to internal treatment alone. I think it should be a maxim with all who hold to the homœopathic law, that, it is safest and best to accomplish all that is possible in each case by internal medication, and in regard to external medicated dressings.

I hope the time is fast approaching when our surgeons will discard—not one antiseptic for another—but all of them, and use instead remedies well known to our Materia Medica as safe and reliable when properly selected and applied

upon homœopathic principles. All diseases are from within, except those caused by external violence, and it is sometimes the case with the latter, that fright and shock to the nervous system by concussion cause more formidable conditions than the broken bones or lacerated tissues. Again, some constitutional dyscrasia of the patient may be aroused by the exciting cause of external violence and prolonged confinement in consequence and dynamic disturbance result. In such cases the attending surgeon is comparatively helpless if he is unacquainted with the dynamo-therapeutic action of drugs; hence, the importance of the study to all. To neglect it is equal to leaving out fractions in the study of mathematics. Infinitesimals must be considered if we would make the practice of medicine scientific and complete in all its departments. If we had access to this knowledge by reference it would be better, but with all the repertories of Bœnninghausen, Jahr, Hering and other glorious examples before us—having neglected to study the action of drugs from the stand point of Hahnemann and to follow along through the kaleidoscope of medical experience and careful practice, from day to day, and year to year, we are facing a mystery. We cannot pick up the thread where our predecessors dropped it and unravel the web unless we have studied well the construction of it.

Simplicity has been ascribed to the homœopathic practice of medicine to its detriment, I think, and our allopathic brethren have criticised accordingly, (involving in their remarks some of the old ladies) but, some of the aforesaid brethren, after accepting the faith and joining our ranks, have found it much harder to prescribe by Hahnemann's simple but strict method than by the ignis fatuus law contrarii contraris. Moreover, inasmuch as earlier adherents to homœopathy have aided and abetted (unconsciously let us hope) the force of those criticisms, by placing in the hands of the laity, dollar editions of our therapeutics showing a royal road to the practice of Homœopathy, let us bear

and forbear. There is no good cause in these little matters for any of us to deny our master, but for *some* cause, the tendency to treat diseases by their pathological names and products, rather than by the law "Similia," prevails among us. Whether the tendency is an attempt to appease the wrath of our critics, or grows out of a neglect of the study of Hahnemann's Organon and our Materia Medica is a question that does not change the result, the drift of this tendency is backward, down the stream of medical experience into the whirlpool of physiological medicine. This is dealing with the actions of men rather than of medicine, but a better understanding of the latter ought to have some influence upon the former. All laws are simple if based upon nature's methods or christian principles, but the proper application of these laws to the abnormal conditions of the minds and bodies of the human family, requires the special skill of lawyers and doctors, and as the lawyer has to deal with the technicalities which present themselves in statute law, so the doctor has to consider the intricacies of the written rules concerning obedience to nature's laws. That great student of nature, Hahnemann, in his Organon of medicine, the truths of which his enemies have failed to controvert, and his friends have been unable in any great degree to amend, defines disease as "The result of primary disturbance by the influence of some morbific agent, of the immaterial vital principal which pervades the physical organism." In connection with this, he further states that "as it is only by means of the immaterial influence of a morbific agent that our vital power can be diseased, in like manner it is only by the dynamic operation of medicine that health can be restored." (Organon, § 16.)

In Hahnemann's definition of disease and its manner of origin. (Article 16 of the Organon) the following logical proposition is virtually contained.

1. It is the dynamic power which pervades the physical organism that receives the impression.

2. It is the immaterial influence of some morbific agent that makes the impression, hence—

3. It is only by the dynamic operation of another morbific agent that the impression can be removed.

In this proposition is the very ground work of homœopathy and whoever rejects part of it must reject it all. Whoever rejects the first part should be an antipathist, to be consistent, for the reason that as disease originates with the material body instead of with the power that moves the body, then no more rational method could be adopted than that of the carpenter who orders the application of putty and paint to a dwelling—where the process of decay has begun—in opposition to the elements.

If the second part is rejected let him make war upon nature's morbific agents, and if any find their way into the body—since the lancet and oil-can are out of style—the latest antiseptic importation should be employed to neutralize and expel said agent.

The third part of the proposition is left to those who *do* believe in the first and second parts and in homœopathy, for it is to be seen that the law "Similia Similibus Curanter" is fully set forth. Immediately following Article 16 further instructions are given as to the application of the law which are, in substance, as follows:

"The totality of the symptoms" (which is the result of the operation of the first and second parts of the foregoing proposition) is to be the guide to the application of the third part, in other words not only must the opposing force be similar as to the *kind* of power, but it must be capable of exciting similar results. In Hahnemann's definition of disease reference is made to non-surgical cases. Surgical cases then—strictly speaking—are those which require only mechanical treatment. It is not always easy to draw a line perfectly between the two, but the action of drugs should, I think, be considered from this line. On one side we require the dynamic, curative action, and on the other

side the local, mechanical action is sufficient. A great deal is said about primary and secondary action of medicine. As to the dynamic curative process, I have the opinion that there is but one action, viz, repulse of the vital action from the points of attack of the body which restores equilibrium, but, by the use of too large doses of the suitable preparation or by too frequent repetitions of the suitable dose, we may bring about reaction of the vital power, which, by reason of the similarity of range of action with the drug will be at the original point of attack and aggravation instead of restoration result. It is interesting to observe this law of nature, of action and reaction; in other affairs of our lives it is to be seen in its operations upon the minds of individuals, families, communities, races and nations. It is often said that one generation saves money for another generation to spend, and it may be said with equal force that a season of extravagance is followed by one of penurious saving. The tendency of the mind in any one direction to excess brings satiety first, then disgust and reaction, and in the degree that families, communities, and nations follow one bent to excess, whether it be the accumulation of power by wealth, by the force of arms or political intrigue, in that degree will reaction follow and in the degree that the different interests of mankind are equalized in conflicting forces, in that degree is the equilibrium of society assured.

Thus it is to be seen, not only to what extent the law "Similia" pervades nature, but what importance is to be placed upon the equalization of opposing forces in the application of the law in the affairs of men as well as with the action of drugs. Let him who has made this observation and who has received the title of homœopathic physician, ponder well the responsibility which he has assumed; "whoever knoweth to do good and doeth it not to him it is sin," but, with the responsibility of the law upon him, with its faithfull performance comes the honor of helping to

shape the well being of many; besides alleviating the suffering of the sick and saving from untimely death, the restoration of equilibrium of the vital principle of man restores the mind to normal action, and threatening tendencies in the minds of the young and old, may be warded off by the equalizing influence of the dynamic action of medicine if given according to this natural law. As regard the different effects upon the organism attributed to drugs, the dynamic and chemical (or mechanical) concern us most, but while dynamic effects of medicine may be made to aggravate the symptoms of a disease, such aggravations soon pass away by the exhibition of another remedy similar to the first in its range of action, the same cannot be said of prolonged chemical action. A chemical antidote will stop the action of a drug upon the organism, but it will not remove the ill consequences of such action that often remain as permanent dynamic disturbances, the dynamic action of a drug bearing the nearest similarity in its provings to the symptoms of the disturbance, is required for this purpose. Every homœopathic physician who has undertaken the study and treatment of chronic diseases to any extent, must know the truth of Article No. 75, of Hahnemann's Organon, which declares that,

"The most distressing and unmanageable chronic maladies affecting the human organism are those which have been superinduced by the unskillfull treatment of allopathists, and when they have attained a considerable height it would seem as if no remedy could be devised for their cure."

It is apparent, I think, that the administration of crude drugs to the sick produces, in many cases, not only local, chemical action upon the organism, but permanent dynamic disturbances, as a bad substitute for the original disease. Now, to be consistent in our reasoning, and be able to reconcile article sixteen of the Organon with my last quotation from that work, (Article 75) we must conclude, that crude

drugs have, at times, double action in the human system, viz., chemical (or mechanical) and dynamic. But, this is not *always* the case. Hahnemann does not say that it is. Therefore, if 1st: The causes of disease are imponderable, and 2d: Crude drugs *sometimes* create chronic dynamic disturbances in the organism, but not *always*.

Hence, 3d: We must conclude that the mechanical action of a drug in the human system sometimes has the effect to release its dynamic disease producing powers; but, susceptibility of the *vital* power is still necessary to *produce disease*. If this proposition will bear scrutiny, and I think it will, it gives us a solution of several problems to some of which I desire to call your attention. It gives a reason why some diseases may be more prevalent at certain seasons of the year, the atmospheric conditions being favorable at such times for the release of the dynamic powers of certain morbific agents. (It is a reasonable supposition, I think, that morbific agents are always present, and more logical to suppose that certain changes of the atmosphere have the effect to release the disease producing powers of different morbific agents, periodically, than that they go from place to place like the commercial traveler).

It explains why all people are not affected by prevailing diseases even when of contagious nature, the individuals lacking susceptibility escaping, even when fairly exposed. It explains why the chronic maladies which have been superinduced, as Hahnemann declared "by the unskillfull treatment of allopathists," are the most unmanagable; being the result of the influence of the dynamic force of a combination of drugs, of which no similar is known to the homœopathist, who learns the nature of drugs by experiments made upon the organism when in health by the use of drugs in single file, as they were given to us, by the Creator. It explains why one man better than another is able to give us an excellent proving of some one drug even in high attenuation. And in this connection it may (possibly)

explain why only one man in a large number was able to draw a prize in a certain Milwaukee lottery of high potencies.

Hahnemann in Article twelve of the Organon, says: "It is solely the morbidly affected vital principle which brings forth disease." In footnotes to the same he says: "It is a useless question to the physician *how* it produces diseases." I see no objection to offering an *answer* to the question if it may help to explain the folly of our trying to change the conditions under which God, in his wisdom, has placed us. It is well demonstrated, I think, that disease is removed upon the homœopathic law by a repulsive action. A writer for the American Institute of Homœopathy in 1880, (sorry I can not give his name) suggested that "the cure of disease by the homœopathic law is effected upon the principle governing electricity, viz., that likes repel each other." If this is accepted, and I think it is true, then disease is produced by the attraction of unlikes. Now, we know that the vital principle is not drawn away from the organism except death of the body ensues; therefore, if disease is the result of attraction, the morbid influence is drawn to the body by the vital principle of man, and his organism suffers the consequences of a reciprocal morbid action.

In studying the proven drugs of our Materia Medica we study the influence of so many morbific agents under this reciprocal action.

Every case of disease is a partial proving of some morbific agent, unknown to us, perhaps, by any arbitrary name except that which is suggested by the objective symptoms of that proving.

No account is given in pathology (proper) of the many symptoms which—seldom if ever—appear the same in two provers (patients).

In the provings of morbific agents well known to us in nature to which are given arbitrary names (drug names)

we observe the same peculiarities, viz. : Besides the symptoms that appear with all provers alike which represent the individuality of the drug, are other symptoms which represent according to his susceptibility the individuality of the prover.

What a contribution to medical literature, is this individual pathology (or symptomatology if you please to call it) for it is quite as important to know what the individual vital action will develope when influenced by a given drug as to know what the drug will do in general by virtue of its own individuality.

In a paper presented to this society at its last annual meeting, I attempted to show the necessity of having condensed knowledge of our Materia Medica. This can not be done by knowing less of our provings of drugs, but by knowing more and instead of discarding, as some propose, what we do not at first sight understand, let us, rather, begin with Hahnemann and study this subject till we are able to comprehend Allen's Cyclopœdia in all its present bearings, and more if it be added. Complaint has been made that the self-styled "regulars" sometimes utilize our provings of drugs without giving due credit. If this is true their patrons may gain by it, and as for ourselves, if we have not the courage to fling the homœopathic banner to the breezes of heaven under the mid-day sun have we any just cause to complain if others attempt to hide the light under a bushel. But to utilize this science of therapeutics to its full extent one must begin at the foundation and study the separate articles of the Organon, until able to understand the curative action of drugs, as did Hahnemann. If we can not do this with the light given us, we are weak indeed compared with him who read it all from the "book of nature." "When we have to do with an art, whose end is the saving of human life, and neglect to make ourselves thoroughly masters of it becomes a crime."—*Hahnemann.*

CLINICAL EXPERIENCE WITH VIBRATORY AND SPECIALIZED MOTION.

G. H. PATCHEN, M. D., Burlington, Iowa.

Having in the February number of THE ADVANCE, pages 411 to 420, called attention, theoretically, to the therapeutic value of vibratory and specialized movements, I desire in this paper to show some of its practical effects or results—to substantiate theories by clinical facts. Such cases shall be selected as will show its wide range of application in chronic forms of disease—its salutary influence over depressed or diminished conditions of vitality, by whatever name these conditions may be designated.

CASE 1.—Chronic Endometritis and Retroversion complicated with insomnia and mental depression bordering upon insanity.

This case, one of the first to receive treatment by the methods under consideration, was a former patient. For nearly two years previous she had been in my care and under the best treatment, both locally and otherwise that I was able to give, but with no permanent improvement. Finally, at my suggestion, she was taken to the Good Samaritan Hospital, at St. Louis, Missouri, with the hope of benefitting her condition. She remained there a month under the treatment of an eminent specialist and although there was slight improvement in the condition of the womb, her mental state was not improved and she was ordered home with the intimation to her husband that it was doubtful if anything more could be done, and, that, in all probability, the insane asylum would soon be the most suitable place for her.

I saw her husband shortly after her return from St. Louis, and persuaded him, before giving up the case as hopeless, to bring her to me for a month's trial treatment by the new method (which had just begun to be employed) with the understanding, that, at the end of the month,

should there be any noticeable improvement, the treatment should be continued for three months longer at least.

After much persuasion, she consented to the plan agreed upon and appeared at my rooms for treatment on the 10th day of March, 1882, and came daily thereafter, with few intermissions as long as the treatment was continued.

She was a stoutly built German woman, about 35 years of age. She had been married about 15 years, had always worked hard and had raised a large family of children. She dated her illness about four years previously from the effects of a miscarriage at the third month.

Her condition at the beginning of this course of treatment was as follows: She was very weak and restless; could not compose herself; complained of great weight and heaviness in the head and of great anxiety in the præcordial region, which, she said almost compelled her to walk the flour crying and moaning, until from sheer exhaustion, she was obliged to desist; could sleep very little at night for the same reason; could not concentrate her mind or energies upon work of any kind; took no notice of her children, although when asked about them, said she loved them and would like to take care of them if she was able; could not bear to be left alone and, unless watched, would run away from home; had a few weeks previously, twice attempted suicide, once with a knife and once by endeavoring to throw herself into a well. She took no notice whatever of the ordinary events or duties of life, but at intervals expressed great anxiety about her future life and entertained great doubts about her future salvation. She continually exhibited a wild, staring expression of countenance and such a thing as a smile never crossed her face. Her appetite was poor, complexion very sallow; bowels very much constipated and there was general emaciation. The womb was in an extreme degree of prolapsus and retroversion and very much congested. There was an old but not very ex-

tensive laceration of the anterior lip of the cervix and the womb measured 4½ inches in depth.

No mechanical or local treatment of any kind was employed and no remedies were given. The treatment consisted of the application of vibratory motion to the extremities and such specialized movements and positions of the body as are known to expand the chest, elevate the diaphragm, strengthen and contract the abdominal muscles and lift the weight of the bowels from the retroverted and congested womb.

In less than two weeks she acknowledged that she felt better. She was less nervous, her sleep was better, and she could at intervals forget, for a time, her troubles and distress. An occasional smile was seen to light up her countenance, and it had, in a measure, lost its wild, staring expression. She began to take some interest in passing events, and in a variety of ways it became manifest to her anxious husband and friends that she was really better.

At the end of the third week of treatment the menses appeared, at the regular time, and she was allowed to go home until all signs of this function had ceased.

The improvement so auspiciously begun continued without abatement, and at the end of the second month of treatment she expressed herself both anxious and able to return home and assume charge of her household duties, which during her long illness, had been sadly neglected. On the condition that she would immediately return for treatment in case she became in any way worse, her request was granted.

Before she left permission was obtained to make an examination of the womb, and to my surprise it was found to measure an inch less in depth, its position was more elevated, and the congestion very much reduced.

I saw nothing more of her until the following September, when she voluntarily returned to put herself under a further course of treatment. She was worse in no particu-

lar than when she left. She said she had *half* regained her health while under treatment before, and now she had come back for the *other half*. In this desire she was not disappointed. At the end of the second term of treatment, which occupied about three months, she was to all appearances well. She was as strong as ever, ate and slept well, and had no pain. The position of the womb was normal, and it was of natural size. I had no hesitancy in dismissing her as cured, and a more grateful patient or pleased husband it would be difficult to find.

I do not know what others may think, but I regard the cure of this case a very remarkable one, especially so when the length of time in which it was accomplished is taken into consideration. The condition of the womb had undoubtedly been growing gradually worse for a long time as she had born children rapidly, and had suffered from other miscarriages besides the one to which her illness had been attributed. Her mental and nervous symptoms were the most prominent, but failed to yield to what was considered the most appropriate treatment. The effect of the local treatment, even at the hands of others of great skill and experience, was, at the best, only temporary.

The treatment by vibratory and specialized movements seemed, as it proved to be, the only rational treatment for the case; and if for *this* case, why not for *all others* that are similar to it?

Let us critically examine and compare the two methods of treatment, as applied to the case under consideration, and see if it is possible to ascertain why *one* method proved so successful and the other so inefficient. The indications for treatment evidently were:

First. To reduce the inflammation and congestion of the womb.

Second. To restore the womb to its natural position.

Third. To reduce the nervous tension and relieve the excited and overactive nerves.

Fourth. To improve the digestion and invigorate the system at large. As has been already stated, all attempts to accomplish the first indication by means of local treatment, were attended with only temporary results. Why? Because all efforts were directed to the removal of *effects* instead of *causes*. The inflammed and congested condition of the womb was only the result of causes more or less remote, which local treatment alone, whatever its nature or effect, could never reach or fully remove.

The causes of uterine diseases are undoubtedly very numerous, but they may be readily arranged under two distinct classes, the direct or exciting and the remote or predisposing. The former, as a rule, are of temporary duration and induce the more acute forms of the disease, while the latter, like a constitutional dyscrasia, are ever present to intensify and prolong existing disorders, and, in chronic cases, form the real obstacles that stand in the way of permanent recovery. Certain general conditions must prevail before chronic uterine disease is possible. While a few of them, under certain circumstances, may be unavoidable, most of them are preventable and could be obviated by every woman did she possess the requisite knowledge and was thoroughly impressed with its importance.

Want of power in sustaining parts is the comprehensive source of all difficulty, and this power is impaired in very many ways, for which the womb itself is in no way responsible, and in which, in the beginning, it had no part. Whatever has a tendency to retard or weaken abdominal or pelvic circulation leads to weakness and congestion of those organs which the above mentioned cavities contain. Hence insufficient muscular development of the waist and abdomen of growing girls, indolent or sedentary habits, indigestion, constipation, a contracted chest, impure air or other causes preventing proper oxidation of the blood, prolonged or intense nervous excitement, abdominal and waist compression, and many other avoidable habits and condi-

tions, all contribute more or less to pelvic weakness relaxation and congestion. This point once reached, it requires but a trifling incident, a jar, a strain, a fall, or the accidents of pregnancy or child-birth, to change the existing condition into one or another of those serious forms of pelvic disease, of which congestion and inflammation form the most important factors. When the disease assumes any of these later and graver phases, what but temporary relief, at the most, can be expected from local treatment applied to the inoffensive womb, which is only the last link in the long-wrought chain of cause and effect.

No sensible surgeon, when called upon to treat a swollen and inflamed foot or hand, caused by an improperly adjusted bandage, would expect to successfully remove the difficulty by any local treatment without readjusting the bandage, the primary cause of the trouble, and assuring himself of the possibility of free unobstructed circulation in the diseased extremity. And no physician should expect to permanently remove the congestion and inflammation of a prolapsed or retroverted womb by any local treatment however meritorious without resorting to other measures that will overcome, one by one, the various causes that have contributed to the final result.

Yet how often, and in the severer cases, is this very thing attempted with failure as the almost universal result. Physicians who in the treatment of other diseases, do not fail to direct their attention to the removal of both the immediate and remote causes, in the treatment of uterine disorders, seem satisfied with temporary relief afforded by patchwork treatment directed only at results, while the real causes either, through ignorance of their existence or from lack of knowledge to successfully combat them, are permitted to remain, sooner or later to again induce the same results.

The only rational way to treat effects is by overcoming the causes which produce them. The cause being removed,

the effect must necessarily cease to exist. In the case under consideration, the congestion and inflammation, which we have placed as the first indication for treatment, was only temporarily relieved by local treatment, although most thoroughly and persistently applied, but yielded readily and permanently to the methods employed by the movement cure. The application of rapid vibratory movements to the extremities quickened the impaired circulation in the parts and acted derivitively upon the internal congestion while, in due course of time, slower motions properly applied over the region of the affected organs, together with certain movements and positions of the body contributed to the same result. The daily application of these measures soon induced improvement that became more and more marked and permanent until complete relief was obtained.

The second indication for treatment, to restore the womb to its natural position, could not, by the old methods be accomplished, because the only known way to effect the desired result is by the use of pessaries or supports, which the womb, before the first indication for treatment had been accomplished, could not tolerate. How impotent of results this method often is, is attested by the great variety of these instruments in use. Why they are not more efficient can be readily understood. In the *severer* cases, like the one under discussion, on account of the tenderness that is always present, they cannot be borne, and, even after the tenderness is removed, or, in cases where it does not seem to exist, the most that can be expected of them is to forcibly retain the womb in as near its natural relation as possible to surrounding parts, in the hope that in some inexplicable way, the natural supports of the womb may become sufficiently strengthened to require no further aid. But this hope is, in but comparatively few cases, ever realized. Advocates of this method forget that it is a universal physiological law, to which there is no exception, that inaction of a part causes weakness and loss of tone, while use de-

velops strength and endurance. Hence as long as the womb is held in place by a prop or support, the members or parts, whose duties or uses the prop usurps, must become less and less able to properly perform their functions.

The movement cure accomplishes this result easily and effectively at the same time and in the same way that it overcomes the congestion and inflammation. By certain movements and positions of the body, the natural supports of the womb are gradually strengthened, so that by the time the congestion and inflammation are removed, there is no longer need of artificial assistance, and the womb assumes and maintains its natural position in physiological harmony with surrounding organs.

The third indication for treatment failed to be effected by use of medicines or electricity because nervous symptoms, whatever their nature or extent, are but indirect effects of the general impaired vitality and will increase or decrease with it. In accordance with physiological law nervous action or energy is controlled and regulated by muscular action or energy, and, in health one is the natural counterpoise of the other. In cases of great muscular weakness, accompanied by excessive nervous activity in one or more of the many forms it is capable of assuming, remedies which expend their action directly upon nerve tissue alone often do more harm than good, because they fail to influence either muscular nutrition or energy by which nervous action is modified and controlled.

The movement cure, in the treatment of excessive or morbid nervous action, takes advantage of the physiological law just mentioned and is able to reduce and control the deranged nervous action, in the most natural way, by increasing muscular action and power (which are always deficient in these cases), at any desired point or throughout the entire body, until the physiological equilibrium that should exist between the muscular and nervous systems, is fully restored.

The fourth indication for treatment is easily accomplished by any method when the results aimed at in the three preceding indications have been thoroughly established. The ordinary hygienic methods are alone sufficient without assistance from any other source. Good digestion is a natural result of a vigorous condition of the system and nothing contributes more certainly to the invigoration of the entire body than movements judiciously applied, as has been demonstrated in a former paper.

This extended comparison between the two plans of treatment that were faithfully employed in the case just reviewed, gives unmistakable evidence both theoretically and practically in favor of the movement cure. It would not be justifiable to predict too much upon the results of this single case and this has not been done. This case, selected for the purpose of illustration and comparison, is only one among hundreds of others, quite as bad, that, by different persons and in different places, have been cured by similar means. The methods employed are so in harmony with physiological action and function, that failure is almost impossible.

[*To be continued.*]

STRAWS.

H. M. BRODERICK, M. D., Decatur. Mich.

Frothy expectorations are found in bronchial catarrh, Op.

Stickey in the second stage of pneumonia, Tar. em.; and in pregnancy, Con., Puls., Sep.

Purulent are not certain signs of consumption.

Rusty colored sputa, is pathognomonic of consumption, Bry. Phos.; if it is mucus, mixed with blood, Op.

Dark coagulated blood is found in pulmonary apoplexy and phthisis, Verat. vir.; it is generally clear blood found

in hæmoptysis, Acon, Ipecac., Ham.; bright red in aneurism, Ipecac., Acon., Erig., Millef.; diseases of the hear- often cause bleeding, Acon., Cac.

In diseases that have not their seat in the respiratory organs a weak voice is unfavorable except in the cold stages of fevers, Lycop.; sneezing accompanied with vertigo and and ringing in the ears, precedes apoplexy and is an unfavorable symptom, Acon.; but if after apoplexy or obstinate paralysis it is favorable.

Hiccough or singultus is a contraction of the diaphragm when the glottis is closed; if it occurs in inflammation of abdomen or cholera or typhus it is unfavorable, Carbo. v.; it is often caused by liver complaints, Pod., Mer. d., Lept., Hydras.

Morbid laughter occurs in hysteria, Ign. Hyos.

In acute fevers the temperature is increased to the touch of others, Acon., Arsen., Gel., Verat. Calor urens is the technical name applied to this apparent increase of temperature, which decreases if the finger be applied for some time, and calor mordax when there is left on the finger a prickling sensation, which increases on continued pressure.

Sudden change in the color of the skin is due to the rapid sinking of the vital powers, Carbo. v.; also in hæmorrhage, Arsen., China.; if collapse takes place at the same time it is unfavorable, Carbo. v., Arsen.

In fevers a clear skin is more favorable than a dark hue. Bronze or mahogony skin is found in Addison's disease; blueness in imperfect hæmoptysis and heart disease. Morbus cæruleus or blue disease from pervious foramen ovali, prognosis unfavorable. Nitrate of silver, when taken in larg doses, also produces blueness of the skin. A black color is found in extreme cases of typhus, Bapt.; dark circle around the eyes in debility, Arsen., China., Fer.; and during menstruation, Puls. Yellow color in icterus or jaundice, Acon., Cham., Mer., Pod., Hydras.

General perspiration is more favorable than local; it is sour in rheumatism, Colch., profuse and watery in first stages of catarrh and rheumatism, Arsen., Acon.

Critical perspiration comes on in the morning and towards evening. If warm, it is favorable, if cold, not so much so, Arsen., Carbo. v.

Yellow sweats occur towards the unfavorable determination of liver disease.

Sweat in the last stage of phthisis, Mer., Ipec. It contains lactic acid in gout, Nux. v.

Fetid sweat in diseases of lower part of the bowels.

If a dropsical swelling diminishes with an increase of urine, it is favorable. White urine or that mixed with pus is found in stone in or ulceration of the bladder, Calc., Con., Phos. ac., yellowish red in fevers, Acon., Mer., Pod., inflammation, and rheumatism, Bell. Dark green in obstructions of the biliary duct, Calc. c. Dark brown or bloody urine is always unfavorable, Cann,. Tereb. If fibrin is found in the urine, it will coagulate by heat.

In erysipelas a dry cotton cloth heated as hot as can be applied to the part will relieve the intense itching and burning better than anything else. Never apply a poultice until inflammation has been set up for 24 to 36 hours and suppuration is inevitable.

MISTAKES.

F. L. DAVIS, M. D., Evansville, (Idiana Institute of Homœopathy).

Mistakes in medical and surgical practice arise from a want of understanding or an inability to comprehend terms and relative terms, or the language of symptoms, and effects arising from conditions and causes. Hence the importance of open eyes, common sense, and analytical thought, in every case, and under any and all conditions, when called upo to examine any one either sick or hurt, from causes

known or unknown, so that an intelligent understanding may be reached and correct means employed.

Within the last year, my neighbor made a serious mistake in pronouncing a sprained ankle with ruptured ligament "rheumatism," and treated the case four or five weeks, with blisters, cathartics and tonics, without benefit but with the effect of depleting the patient, rendering her very anæmic and nervous. A careful inquiry and inspection developed the true nature of the case, traumatic fever. Truly a surgical case in all its bearings, and I treated it accordingly. The conditions were these, the right ankle very much inflamed, swollen, red, indurated, exceedingly sensitive to the touch, with inability to move the foot or allow it to be moved. Diagnosis, rupture of the left lateral ligament, anchylosis threatening; the parts were too sensitive to bandage, except very loosely. To reduce the fever I applied cloths wet with dilute Calendula, the proportion being six parts water to one part Calendula, over which I applied oil silk. Continued this treatment for about four weeks, and gave internally Arnica[3] every two hours. It was nearly three weeks before it was possible to make any perceptible movement of the ankle joint, and then it was made contrary to the wish of the patient, because it gave her great pain, but the movement was kept up every second day until all the movements of the joint were possible and practicable.

At the earliest possible time I had her placed on crutches, for the entire leg had become partially stiffened and was moved with difficulty, and while standing, had the limb moved in all directions, backward and forward, rotated, abducted and adducted, thus putting the muscles of the entire leg in motion, and cause a free circulation of blood throughout the part. Improvement was rapid and by the end of the third month from the time I was first called, the patient could walk easily with scarcely a perceptable halt in the step.

MATERIA MEDICA REVISION.

G. N. BRIGHAM, M. D., Grand Rapids, Mich.

Why does the American Institute take upon itself the responsibility of saying that drugs are inert above the 12th attenuation? Here is an arbitrary line, wholly unscientific in its nature, ruling out some of the most valuable material out of which we are to make what we fancy will be a better Materia Medica. Does not the Institute know that temperaments vary in susceptibility? They should know that we meet with sensitive natures which respond to a twelfth attenuation quite as quickly as others do to the first, probably more so. I have been stopped on the street by my patients who have been so positively impressed with a dose of medicine given them, which was selected from our high attenuations, that they were able to give characteristic symptoms of the drug. I have quite too much proof of the action of high attenuations to be forced into skepticism about my facts. My proof is as positive as that gained by a man who vomits his patient with Ipecacuanha, and no amount of negation can change such facts. Have we not heard of idiosyncrasies? How is it that Samuel Hahnemann was led to adopt the 30th attenuation in his practice almost exclusively if attenuations above the thirtieth are inert? Why did Carroll Dunham, a man whom we all delight to honor, work up to the 200th attenuation and depend on it largely in his practice, if there is no medicine in an attenuation above the 12th? Strike out Hahnemann's work and Carroll Dunham's work and where would Homœopathy be? If they are worthless observers, of course their statements should pass for nothing. But, it may be said, we will accept testimony from them so far as the lower potencies go, but not from the higher. This is quite too much like the small boy undertaking to teach his master. I do not think they are to be credited wise men in handling one class of facts in the same line, only not so easily compre-

hended by the tyro. It is a very startling fact that a physician should be stopped on the street after giving a high potency to his patient, with the inquiry, "what did you give me when in last evening?" and to the question, "why do you ask?" receives the answer, "because I was differently affected than by any former medicine," then giving several leading symptoms of Sulphur corroborative of his having been affected; and this is all the more wonderful when after a fortnight's rest, receiving only blanks, said patient should stop you a second time demanding an explanation, and affirm that he had been hoodwinked for the reason that he got the identical symptoms again. Nor are such facts alone; similar ones are found every day in practice. I do not care what men cipher out, a fact is a fact. If I were obliged to select attenuations as high as the 30th and above and use no others, or take attenuations at the 12th and below I would take the higher, and this is based wholly upon my experience, for I certainly was a low attenuationist enough for the first ten years of my practice. I am fully aware that we have unreliable symptoms in our Materia Medica. I agree to the need of eliminating to a certain extent from the cumbersome mass that makes up this part of our literature; but no such arbitrary rule as this can be adopted. We can secure as valuable symptoms above the 12th as below, only select proper subjects. There may be need of greater care. The more delicate an experiment, of course the greater need of delicacy in the manipulation. The cruder preparation, presumably, gives us phenomena on a lower plane. Again I think it is a mistake to rule out all clinical provings. I would be very careful here, and would require more than a single cure. To me nothing is more convincing of the truth of our law than our clinical record. We are in danger of relegating to the mathematicians a field of investigation not belonging in the least to their province. Mathematics applied to sensations, or any phenomena of mind or life even, amounts to nothing at all. It is not those who

use the higher attenuations who are the slip-shod practitioners in our ranks, who find it necessary to give Morphine in gastralgia or collitis, Cathartics in constipation, etc. Give us more Hahnemanns, Herings and Dunhams.

PIONEER HOMŒOPATHY IN MICHIGAN.

H. KNAPP, M. D., Lathrop, Cal.

I am much interested in the reports of the College of Physicians and Surgeons, of Detroit, and particularly well pleased with the "Synopsis of Proceedings of Michigan Homœopathic Medical Society," held at Detroit, May 20, 1884. I was intimately acquainted with Rev. J. D. Perry, to whom Dr. House refers in his annual address. He was a most estimable man, a noble pioneer.

I pitched my tent in Brooklyn, Jackson Co., Michigan, in Oct. 1839, where for ten years I practiced medicine under the old school banner. During my residence in Brooklyn I heard of Dr. Adams, living West of Clinton, and Dr. Mosher of Cambridge practicing Homœopathy occasionally, but the first homœopathic physician with whom I came in contact was Dr. Amos Walker. We were allopathic competitors a few years in Brooklyn. During the prevalence of a severe epidemic of typhoid pneumonia we were both very unsuccessful. We were in the habit of bleeding, blistering and giving antimonials and mercurials in the old style heroic doses. After losing several important cases—some heads of families—as we were returning from a post mortem on one of my failures, I told him that in future I would neither bleed nor follow the antiphlogistic plan, but would give Quinine and Opium, as I dreaded the congestion and prostration more than the inflammation and was determined to change my tactics. He said he was afraid of the Quinine and would not dare use it.

Soon after this he went East to Rochester, N. Y., I think, and having studied with some one there, returned in a few months a full-fledged Homœopathist. As he was an official in the Baptist Church the minister and deacons "went in for him." It soon happened that a son of one of the deacons, a very promising young man, was attacked with the dreaded disease. Dr. Walker attended him assiduously, but to no avail; the young man died. Then the deacon became prostrated, the family and neighborhood were alarmed, and as a consequence dismissed Dr. Walker and sent for me. I carried out my programme, combatted the congestion and prostration with Quinine and Opium, dared the inflammatory bugbear and came out victorious. The deacon recovered. Several similar cases occurred in quick succession. The people took the alarm. My partizans shouted *humbug*. I made all the capital I could out of his failures and my successes, so it was not long before the doctor left the field to me and went to Pontiac.

Just about this time it became my duty to deliver an essay before the Jackson Co. Medical Society of which I was President, in which I paid particular attention to *humbugs*, claiming Homœopathy to be the chief and explaining it away according to my philosophy. I have preserved that essay as a curiosity. After Dr. Walker had left, I felt it a duty I owed to the friends, who had so valiantly stood by me, to prove to them that what I had claimed was true. So I sent to Drs. Ellis & Thayer, of Detroit, then the principal Homœopaths of Michigan, for some remedies, and a book of instructions for using them. I was determined to prove experimentally, that in practice Homœopathy was a *humbug*. They sent me *Jahr's ten remedies*, and ten of the principal medicines, Aconite, Arnica, Arsenicum, Belladonna, Bryonia, &c. To make a long story short, after trying those remedies for nearly a year I was convinced there was something in the system, sent for more books and medicines and was soundly converted to Homœopathy. This I afterward ac-

knowledged to Dr. Walker; and said that it was in opposing him I became converted (not the first instance of the kind).

Twenty years of my homœopathic experience was in your neighboring city of Adrian, in which I located as a Homœopath in October, 1849. During the first ten years of my practice in Adrian, my business was very large and my practice very successful. At first I had ten old school competitors, but after some four years only five remained, as I had taken their best families. [This is verified by a letter in Dr. Kirby's *American Journal of Homœopathy*, dated March, 1854. H. C. A.] When I first went to Adrian I was associated with Dr. Lewis Dodge, who subsequently removed to Cleveland, being appointed Professor in the Homœopathic College established there about that time.

I never knew Dr. Blackwood, but often heard Rev. J. D. Perry speak of him. I was well acquainted with Rollin R. Gregg. His father's family lived in Adrian and I was their physician for many years. I always thought Rollin given to theoretical speculations; but he has proved to be a very skillful practitioner. I knew Dr. E. M. Hale and was occasionally called in consultation with him when he first commenced practice at Jonesville. Was well acquainted with Dr. Bissel, of Toledo, with whom I frequently consulted, also Dr. Powers, of Coldwater. After I left Brooklyn Dr. L. M. Jones occupied that field, which I believe he still cultivates. The above were among the Pioneers of Homœopathy in Michigan, and those who still survive can point with pride to its present prosperous condition—its "chair" in the University for which they strove for years being now an accomplished fact, with its ringing watchword, "Higher Medical Education for men and women." "Would that I were a boy again," instead of a Septegenarian, that I might avail myself of its advantages. My brother now practicing at Saginaw, studied with me and graduated at the University before the "Chair" was established, practiced with an old school physician a year or

two, then entered the army and served in the field hospital during the Peninsular campaign. He was then detailed for service in the Annapolis General Hospital where he served until the end of the war, when he settled at South Saginaw and began the practice of Homœopathy as I had taught him, preferring it over all his allopathic teaching in the University and his experience in the field or hospital.

I removed in 1869 to Virginia City, Nevada, where I practiced eight years, and seven years ago I came to this state. My present field of practice contains but a few hundred inhabitants, mostly Railroad people, as this is the junction of the Central and Southern Pacific Roads. Good farming country all about, good roads at all times of the year, no other physician nearer than Stockton, ten miles, and only eighty miles from San Francisco. We get a pleasant breeze from the bay every day which modifies the summer heat, so that if the temperature be one hundred it is not so oppressive as eighty used to be in the East. Chief complaints are catarrhal, gastric and bilious fevers, an occasional typho-malarial, rheumatic troubles, plenty of obstetric cases, railroad accidents, &c. &c.

I occasionally indulge a rhyming propensity with which I have long been afflicted, and for which I have no other remedy than to "let it rhyme." At the risk of over-loading you with rubbish I enclose "Why I became a Doctor." It is not to be compared with Dr. Helmuth's, "How I became a Surgeon," for I think his is genuine poetry, while mine is mere doggerel. I have enough for quite a large volume of "Scratches" of a doctor. This shows in a simple way how the impressions of youth will influence after life, illustrating too, somewhat the law of Similia, for my youthful mania to be a doctor has been cured by a dose of doctor.

WHY I BECAME A DOCTOR.

Long years ago while I was yet a boy,
My father used old Dr. Beers t' employ;
I well remember his spare, wrinkled face,

His horse, "Old Captain," with his steady pace,
The only doctor in that region found,
His ride extended far and near around.
He owned some farms, well cleared, well stocked and tilled,
Fine dwelling house, and many barns well filled;
He built a meeting house, and preached therein,
And of a Sunday talked of Death and Sin,
In figurative Swedenborgian style,
The doctrine he believed and taught meanwhile.
His the first preaching that I ever heard
And catechism to explain the "word."
But catechism, preaching or "New Church"
Excited nor impressed my mind so much
As when he came to see my mother ill.
Examine tongue and pulse and then with skill,
Most marvellous with herb or simple pill,
Relieve her suffering, and restore her health,
To me more wonderful than all his wealth.
Though but a lad, ambition was my theme,
To be a doctor, this was all my scheme,
To feel the pulse, look at the tongue and cure
Like Dr. Beers; this would be glory sure.
So after this till I was twenty one,
This keen desire was constant as the sun.
My father could not help me to the goal,
So helped myself by teaching district school.
No easy task to study morn and night,
And daily teach the "young idea" aright,
To "board around" as was the custom then,
And try to please the women, girls and men;
In winter freeze, in summer roast alive,
The school house mostly like a Chinese hive.
But nothing daunted, I was firmly bound
To be a doctor, spite of trials found;
And persevering industry at last
Prevailed o'er all the hardships of the past,
Secured my "Sheepskin" eighteen thirty-nine,
Rejoicing that at last success was mine.
Now, though I've "practiced" over forty years,
I still revere the name of Dr. Beers.
And though I've never realized his wealth,
I've children, grand children and health,

Domestic peace, a cheerful, loving wife,
Past forty-five our years of married life;
And, though I've never reached the heights of fame,
Or with high titles glorified my name,
Yet I've a consciousness of doing good,
To others as I'd wish to me they would.
Now as I've given my history mundane,
Why I became a doctor t'will explain,

SURGERY.

HEPATOTOMY.

PHIL PORTER, M. D., Detroit.

Four years ago I was consulted by a woman who stated she had a tumor, pronounced by her attending physician—an allopath—ovarian, and she desired an examination and opinion from me.

She presented the appearance of a person suffering from some hepatic complication, and on further examination I found a well defined line of dullness from the hepatic region to the margin of the growth, which extended to the pelvis.

I prescribed such remedies as I thought indicated, at the time, and finally, a year later, I turned her over to another practitioner who kept up the therapeutical treatment until I was called. In the meantime the patient's health had gradually, but surely, been breaking down, and she suffered from many obscure symptoms, which I could not account for. It was with difficulty that she walked any distance. Micturition was frequent, and at times, painful. During July she had a severe inflammatory attack, due to a kick in the abdomen, and she was constantly suffering from "bilious attacks" and indigestion. No relief came from remedies, and she became anxious to have the growth removed.

Believing that in all diseased conditions of the abdo-

men or pelvis, in which the health of the patient is jeopardized, or life threatened, and in which the disease is not scrofulous or malignant in character, an operation is justifiable. I agreed to make an exploration, and if practicable, remove the abnormal growth.

The day previous to the operation I found her bolstered up in bed to relieve her breathing. She complained of suffocation and exhaustion. The features were pinched, and the surface very yellow. The entire right side was occupied by the tumor, and the dullness extended almost over the entire abdomen.

The following day, assisted by Drs. R. C. Olin, F. Woodruff, H. H. Crippen, and Frank J. McGuire, of this city, I proceeded to make an exploration. Making an incision in the median line from the umbilicus to the pubes, taking care to secure all bleeding points as I proceeded, I soon came upon the mass, adherent to the peritoneum, and apparently a part of the liver. After sponging out the abdominal fluid, found free in the cavity, and separating some of the adhesions, I was surprised to find the gall bladder occupying the right side of the pelvis, and the transverse colon adherent to it, and passing to the left on a line with the crest of the ilium. The colon was also attached to the fundus of the bladder by several bands of adhesions; these were separated. The tumor was found to be inseparable from the liver, in fact, was not unlike a large cap covering the entire organ on the left side from its upper portion down to and under its lower border. Thinking, however, that I detected fluctuation in the body of the liver, I passed a good sized trocar down into the centre of the organ which permitted the escape of about two ounces of a pinkish watery fluid. This was followed by a smart arterial hæmorrhage, which was only controlled by introducing a silk ligature deep into the substance of the liver, with a large curved needle. This measure was successful. The ligature acted as a compress, and was left in place.

I removed quite a collection of hydatids from the underside of the mass of liver tissue, which, on further examination, I found not especially connected with the growth. I freely explored the tumor, which presented a bluish ash color, but found no cyst, or any symptoms of the mass breaking down.

As nothing could be done toward removing the growth, I closed the abdominal incision, leaving a short glass drainage tube in the wound, opposite the puncture of the liver.

In two other cases where I operated to relieve the gall bladder from a mass of calculi, I stitched the opening of the bladder to the abdominal incision, but in this case I used a glass tube similar to an ovariotomy drainage tube, only not so large nor so long.

No bad symptoms followed the operation, and in a week reunion of the abdominal wound was completed.

As soon as all danger had passed from peritonitis, I ordered a firm silk elastic abdominal bandage, resorting to pressure to reduce the size of the tumor. In one month the abdominal girt had decreased from forty inches to thirty-four. The tumor had steadily but surely been growing less in size from day to day.

The patient's hepatic symptoms have disappeared; she has increased in strength and weight, and every day has improved in a remarkable manner.

I have no doubt but that pressure would have worked this same result, had we applied it before the operation. I claim nothing for the operation.

SILICATE OF SODIUM BANDAGE.

E. O. Bardwell, M. D., Moline, Ill., in a paper before the Rock Island County Medical Society, April 1, 1884, Journal of American Medical Association, July 12, 1884, says: "I have frequently conversed with physicians of ability, age, and experience, who have never employed, and consequently

never appreciated the advantages of the silicate of sodium bandage as a permanent dressing in fractures of the long bones.

Silicate of sodium is a solution of silica and sodium carbonate, containing 20 parts of the former to 10 parts of the latter; it is of a syrupy consistence, with a specific gravity of from 1,300 to 1,400; it is also called soluble glass or water glass; it possesses many advantages over starch, dextrine, or plaster of paris, in that it is more easily applied, is more uniform in thickness, is more cleanly, and last but not by any means least, it does not contract on drying as do the others. The mode of application is very simple and easy, a common roller bandage is first applied, the joints and bony prominences being protected by cotton; this is followed by another roller which is painted in situ with the solution by means of an ordinary flat varnish brush. Other rollers are applied and painted in the same manner until the four or five thicknesses of bandage coated with the silicate are in position. This is usually sufficient, but if thought necessary, strips of the roller may be laid longitudinally between the bandages and coated likewise with the solution. Pieces of tin or zinc may be placed between the folds if thought expedient, but I have never required their aid, the bandage without them being very hard and stiff when dry, and eventually preventing the slightest movement of the fracture. The silicate commences to harden at once and is usually hard enough to cut in twenty-four hours, and if properly put on will keep the fracture in position from the time of application. In fracture of the arm, leg or thigh, the bandage should of course commence at the fingers or toes to avoid possible strangulation; with this precaution, any one who is fit to apply a roller at all, can use this preparation with perfect safety and without fear.

At the end of one day it is usually advisable to cut the roller, as it will probably not fit the part closely enough, as the equable pressure of an unyielding substance from the

extremity to a point above the fracture will generally quiet muscular action, and consequently, in removing a prominent source of irritation, reduce the swelling of the part affected. No one would think of using an application of this nature until the swelling and engorgement following the injury had perceptibly diminished. It is not, however, either necessary or desirable to wait until the swelling has entirely disappeared.

The bandage should usually be cut at the end of twenty-four hours. This may be done with Seuten's pliers, which are sold by dealers in surgical instruments. They are heavy shears with the blades curved upward, the nether blade being flattened to facilitate its introduction under the bandage. In lieu of these a narrow strip of tin or zinc may be placed along the limb under the first silicated layer, and with this for a director any strong cutting instrument may be utilized. Commencing at the extremity, the bandage is cut through from one end to the other, usually on the external aspect of the limb, for the sake of convenience. At distances which are variable, owing to circumstances, pieces of roller or of tape are then passed around the bandage, or splint, as it is now more properly called, and tied firmly enough to hold the injured member in proper position. If the limb is smaller than when the bandage was applied, a longitudinal section is cut out wide enough to leave a small space between the edges of the splint when tightened, so that should it become looser in the absence of the surgeon it may be easily tightened with the tapes by the patient himself or any one in the household.

In cases of compound fracture, a trap may be cut anywhere for purposes of drainage, examination, or treatment. As a rule, we apply this dressing about the seventh day following the injury, and in ordinary cases the patient is able to be out of bed two or three days later, able to sit on a chair and get around on crutches with perfect comfort, so far as pain is concerned, and without any prejudicial effect

on the union of the fracture. We are aware that a certain length of time must inevitably elapse after fracture before complete union can take place. The general health and physical condition of the patient will, however, as it is good or bad, shorten or lengthen this period perceptibly; and certainly the sooner the patient can get out of bed with perfect comfort and safety, the sooner will his general condition approximate the normal. I think that the great majority of cases of fracture of the long bones, either simple or compound, can, with perfect safety to themselves and with gratification to their friends and their physician, get about the house in from ten to twelve days.

CLINICAL.

CLINICAL CASE AND COMMENTS THEREON.

A VERIFICATION OF APIS.

EDWARD BAYARD, M. D., New York.

Homœopathy is capable of precision in its practice—but, she ever demands a close and thorough study of symptoms of the parts affected—of the conditions under which those symptoms are manifested, of the accessory symptoms, all of which being observed and traced, lead with certainty to the nerve-cell diseased. In this way the remedy can always be given with precision and produce a cure.

Many a case has been utterly spoiled, and the cure defeated by the practitioner not knowing, or considering the duration of the action of medicine which may be overwhelming and destructive to the end for which the medicine was given.

An able and observing physician of the city of New York, told me that in his practice he had a patient who had lost his smell and taste, which was a great deprivation—that he cultivated flowers and enjoyed exceedingly their perfume

He sought the advice of the doctor, who examined his case and prescribed a single dose. Shortly after the patient left the town and was absent for some time. When he returned, much to his joy, he had recovered entirely his smell. The doctor, though having done well, thought he might do better with a few more doses of his remedy. After taking the medicine the patient relapsed, and with all his skill, the physician could not again excite a reaction.

I believe if he had left Nature to do her work without further assistance, the cure would have been permanent.

I cite a case from my *own practice*, which goes to show that the remedy, if well selected, *must* be permitted to act, and if the reaction is not interrupted will result in a cure.

An infant, five months old, a girl—fair and fat, was taken ill at the end of December last, with great hoarseness and with high fever. Two doses of Aconite were administered by the parents but they failed to abate the suffering. The hoarseness rapidly increasing, I was called to see the child. She was breathing rapidly with great difficulty; had a cough dry and gagging—a croupy, suffocative cough with dyspnœa. The eyes were heavy and dull; face expressive of pain.

On the examination of the throat, white patches covered the left tonsil; the throat was so stopped that all the child's cries were smothered, and it could hardly utter a sound.

After examining the child for some time, from the totality of the symptoms I prescribed one dose of Apis.^{cm}, (Fincke.)

The child lay all day in the same state but no worse. The next morning about five o'clock she appeared alarmingly worse, the breathing being almost impossible. I saw the child at nine o'clock that morning. There was a slight improvement in the cough, and there were marked symptoms of the action of the medicine. On coughing, pain in head, which was shown by the distressed look and corrugations of the brow. The second morning the child appeared

again worse about five or six o'clock, small bilious stools set in. She rallied again between eight and nine o'clock in the morning. From that time improvement was constant. The patches from the throat disappeared; the cough subsided and in ten days the baby was able to leave her room. She never had a relapse, and lost but little flesh. She had but one dose of Apis and no more medicine was given.

Diphtheria on the left side is Apis; suffocative cough is Apis; the aggravation in the morning is Apis; the pain in the head on coughing is Apis; and likewise the diarrhœa.

I believe if Apis had been interfered with in this acute affection, the error would have terminated the life of the child.—*Proceedings I. H. A.*

CLINICAL MEDICINE CONTINUED.

H. N. GUERNSEY, M. D., Philadelphia.

Laryngeal, nasal, or gastric Catarrh, is not a local disease and should *never* be treated as such. Our attention should always be paid to such *peculiar functional* disturbances as may appear in the feet or in any other remote part of the body, remembering that such symptoms are often of more value as indicative of the simillimum, than are those that appear in the nose, throat, or stomach.

CASE I.—*Silicea:* In November, 1883, a young lady called my attention to an offensive nasal catarrh which was the bane of her life. For several years she had resorted to a topical treatment under which she had gradually grown worse and worse. Every morning she had to blow from her nose hard, dry clinkers which would be followed by a quantity of offensive pus. She had headache, a general feeling of languor, poor appetite and the appearance of general poor health. Her feet perspired so as to make it necessary to change her stockings daily. Walking much causes excoriation between the toes. The odor of her feet *very offensive.* Her feet symptoms together with all

the others decided me to give Silicea which has been continued to the present time. A dose of a very high attenuation given once per week to once per month, caused a gradual improvement in all respects. Feet perfectly well, general health perfect, nose comparatively well. No more hard clinkers, no more odor or pus; a little vitiated mucus is discharged once per week. To be sure other remedies have offensive feet, such as Baryta c. Graph., Kali c. Nit. ac., Sep. and Thuja, but no one has the totality in this case, like Silicea, and I should not have thought of Silicea, had I not discovered her feet symptoms. The "fortunate prescriber" is the truly scientific prescriber, one who recognizes and comprehends in one picture all the symptoms of the case in question. The mental symptoms, the head and feet symptoms, all the symptoms and their modalities.

CASE II.—*Plumbum*: Once upon a time there came to me a memorable case from Pittsburgh. He was pronounced to have liver complaint. The diagnosis of his disease was unmistakable, but still the remedy was not forth-coming. He revealed to me the state of his mind and other symptoms; mistrustful, suspicious of evil consequences; a constant pain in the region of the liver like a string attached to its anterior surface drawing to the back. This was so constant during his wakeful hours as to excite great anxiety and physical distress. Stools light colored; urine turbid and scanty. No remedy covers this train of symptoms so well as Plumbum. One dose of this remedy in a high potency relieved the sensation of "a string pulling through to his back" before he reached home, and in a week he became perfectly well. The thought naturally occurs, of what use is pathology in a case of this kind?

CASE III.—*Lycopodium*: On the 18th day of Aug. 1884, I was called to see a little boy about nine years old. The history of his case revealed that sixteen months ago he was taken with a severe pain in his right instep. This pain returned daily at four o'clock P. M. and contin-

ued with great severity until after twelve at night when it gradually subsided until the next P. M. at four o'clock. No application, no remedy, afforded any relief. After a few weeks of suffering in this way the pain finally left the right foot and passed into the left, with the same general character of symptoms as before; and finally it traveled up the left leg to the knee and hip. After a while the leg was drawn up at right angles to the thigh and the thigh flexed upon the trunk. The whole left lower extremity could not be extended at all and the same general suffering continued, from four P. M. until after twelve. Screaming and crying, moaning, turning and twisting until ease came after twelve; he would then sleep quietly until ten o'clock next morning. All these sixteen months he had had so called homœopathic treatment, but nothing afforded any relief, neither could any surgeon or pathologist diagnose his complaint. When warm weather set in this summer, the doctors abandoned the little fellow in despair and for three weeks he had had no treatment whatever. At this period of the case I was sent for one morning and obtained the above history. As the trouble began on the right side and passed over to the left, and as he always got worse at four P. M. and became very restless until after twelve, the leg drawn up as described above, I was sure *Lycop.*^{cm} would cure the case. I at once poured a few pellets upon his tongue. I gave no more *medicine.* The next morning my little patient was worse than ever; had had a worse night in all respects. I still gave no more *medicine.* The next morning he was reported to have been about as usual, no better and no worse. The next morning he was reported to be decidedly better in all respects as to his sufferings. The next morning I found that he had had no return of pain, he had slept the whole night and awoke and arose early, was bright and happy. In a few days his leg became straight and he now walks as well and as strong upon both feet and legs as any lad of his age. He has had no more suffering and no more medicine. The boy appears

perfectly well. The parents asked me what was the matter. I said, "did you not see how he began at four P. M. and screamed and moaned and tossed and turned and twisted, with one leg drawn up? Was not that plain to be seen and was not that matter enough? That is all any one need know about it for curative purposes in making a prescription; these conditions told me what medicines he needed. Do you not understand?" The ensemble of the symptoms is the principle and sole object that a physician ought to have in view in every case of disease—the power of his art is to be directed against that alone, in order to cure and transform it into health. So said the wisest physician that ever lived, Samuel Hahnemann. Modern Pathology can *never* give us the remedy to cure any case of illness.

CASE IV.—*Selenium*: A number of years ago a gentleman applied to me to cure him of "Chills and Fever." He had had the complaint for a long time and no medicine seemed to do him any good. I could not satisfy myself from the symptoms apparently peculiar to his malady what was his Simillimum, so I went into an investigation of his general and special condition. He was weak, languid, but little expression in his face and eyes, rather seemed to avoid close scrutiny, had seminal emissions, particularly with every hard stool and often on urination. Semen would often dribble from urethra. The remedy was now unmistakable. A dose or two of *Selenium*^{cm}, cured him promptly and permanently of the Spermatorrhœa, his "Chills and Fever," and he in a few months, by following chaste advice, became healthy, strong and vigorous.

PRURITIS AND DYSURIA.

GEORGE H. QUAY, M. D., Cleveland, Ohio.

CASE I. Mrs. K., aged 74, applied for treatment Nov. 7th. For the past fifteen years has been troubled with pruritis and dysuria. She says the itching is sometimes so intense,

seems as if she would scratch the skin and flesh off, also violent itching in vagina accompanied with swelling of the vulva, stitches in region of left ovary with bearing down. Every hour or two is called upon to pass a few drops of hot, scalding urine which is very high colored. With a persistance truly heroic, she has all these years stood by her allopathic doctor believing he would finally bring relief, but alas it never came until I gave her Canth.[3] which she took for three days; result, not a particle of itching or painful urination since. This is the first homœopathic medicine she has ever taken.

CASE II. Mrs. W., aged 35, daughter of preceding.

For the past four years she has also been troubled with pruritis to some extent, and greatly so with dysuria, having to use the vessel every two hours during the night, and about every hour during the day, also great lassitude, has not been able to walk five hundred feet at once during this time, appetite very poor. Her physician (allopathic) made examination, and said she had ulcers on her bladder, and it would take several months to heal them. He frequently cauterized (?) them and used injections, but all to no avail as she got worse instead of better.

Prescribed Apis[3] and Canth.[3] in water for one day, since then, May 14th, she has been entirely relieved, has a good appetite and can walk a mile without fatigue. [Queery? Which did the cure work. H. C. A.]

PHENIC ACID IN PHTHISIS.

G. N. BRIGHAM, M. D., Grand Rapids, Michigan.

So much is said at this time about the action of Phenic Acid as a germicide, and so deep are the theories of Koch implanted in the minds of the medical profession that anything bearing upon the curative uses of this agent possibly may be of interest. We have used the remedy in the first, second and third decimal and centessimal attenuations. In

well advanced cases of phthisis we have seen little good follow its use. In one case where we used Sulfo-phenique it proved to aggragate our case without benefitting afterwards. Phenate of ammonia lowered the temperature in one case, but patient seemed to lose rather than gain while under the influence of the remedy. The case had gained previously under the use of Phosphorus [200] for quite a time, and until a pneumonic attack from exposure; but came to a stand still then. Presume no remedy would have reached the case at this time, although we have seen cases quite as hopeless in appearance rally under the properly selected remedy. The use of Phenic Acid was partly empirical and partly from what is gathered in provings at our command. Persistent high temperature and pulse led to the selection of Phenate of ammonia, and the pneumonic attack to the Phenic Acid and Sulfo-phenic for tubercular complication. In one or two other cases we have used the Phenic Acid uncombined in third attenuation with benefit to the pyrexia in the second stage of phthisis. In one case, that of a young lady of 13 years, with very happy results.

The history of this case was bad, so far as family went, and so far as constitution of the young miss was concerned. A sister died last February with pulmonary phthisis, aged 16. Father was intemperate all those years, immediately preceeding the birth of these children, and died soon after the birth of Emma, the youngest, the party under consideration. Mother not robust, of light complexion as were both of these children. Emma began to fail even while her elder sister was alive, was puny, could not eat well, feverish, nervous, and in a bad way generally. Her mother took her to me some three or four months after the death of her sister, saying she did not believe Emma would live five months. Examination showed perceptible dullness in apex of right lung. Respirations were jerky, and 30 per minute. Temperature 102°, and temperature kept up to

101°, or above for some little time. Her appetite was poor, and digestion at low grade. State of assimilative organs, flabby condition of tissues and period of evolution led me to give Cal. carb. We did not have the damp feet nor any characteristic symptom. Prescription did not prove satisfactory, and thinking that perhaps if she should menstruate there would be improvement of symptoms, we gave Pulsatilla. She was feevish and had the soft blue eye. The high temperature did not mend, and we gave Phenic Acid to be surprised with the improvement which followed in the course of three weeks.. Patient has gained in every way, and is convalescent, but has not yet menstruated.

MISCELLANEOUS.

JOHN W. DOWLING, M. D.

Prof. J. W. Dowling, M. D., of New York, was born in that city on August 1, 1837. His father was the Rev. John Dowling, D. D., a Baptist clergyman, author of Dowling's History of Romanism, and several other works relating mostly to theology, and for many years standing at the head of that denomination in this country.

Prof. Dowling received his primary education at Lewisburgh University, and began his medical studies at the Hahnemann Medical College of Philadelphia in the year 1854, graduating after three years of study, in 1857. At the time of his graduation he was President of the Hahnemann Medical Society connected with the college and had the honor of delivering the valedictory address.

He at once began practice in partnership with Dr. S. S. Lungren, of Hagerstown, Maryland, now of Toledo, Ohio. After remaining in Hagerstown one year he returned to his native city, associating himself with the celebrated Dr. Abraham D. Wilson, who, next to Dr. Gram, was the pioneer of Homœopathy in America. On the death of Dr.

Wilson in 1864, he succeeded to his practice, and from that time to this has enjoyed a very large and lucrative patronage.

In 1870 he accepted the chair of Theory and Practice in the New York Homœopathic Medical College. In 1871, on the retirement of Dr. Carroll Dunham from the deanship, Dr. Dowling was elected dean, which position he held for twelve years. In 1880 he was unanimously chosen President of the American Institute of Homœopathy.

Dr. Dowling has been a close student and a hard worker through life, and has contributed much to the literature of our school through the medical journals, and has prepared several papers for the American Institute of Homœopathy. At its last meeting he was chairman of the bureau of clinical medicine, and under the head of "The indiscretions of life and their relation to disease," presented a paper on the effects of the abuse of alcohol on the circulatory and respiratory organs. His strong temperance views rather took the Institute by surprise, for the doctor had been generally looked upon as a high liver.

In 1882 the *North American Review* published an onslaught against Homœopathy from the pen of Prof. Palmer, of the University of Michigan. The editors of the *Review* wrote to Dr. Dowling requesting a reply. His article under the title of "Old School Medicine and Homœopathy," appeared in the June number of that year, and is familiar to all. In addition to the handsome fee which the doctor was paid by the editors, he received letters from all parts of the English speaking world congratulating him on having thoroughly annihilated this ancient but now silent foe to Homœopathy.

Dr. Dowling now holds the position of Professor of Physical Diagnosis and Diseases of the Heart and Lungs in the New York Homœopathic Medical College.

His practice is largely consultation; he being acknowledged authority in his specialty, to which he has mainly devoted his attention for some years past.

The doctor takes but little rest, but when he does take a short time for recreation, it is at his country residence at Lake George, New York, where his family spend the greater portion of the summer.

SCARLATINA.

BY D. HAGGART, M. D., Indianapolis, Ind.

You have asked me for my opinion and the result of my experience with belladonna as a prophylactic for scarlatina. Like many other homœopathic physicians, I have for a number of years been testing this drug, and prescribed it in families where scarlatina had made its first appearance, and frequently not another member of the family took the disease; and where one or more had taken it, the attacks were often of a mild form. I have also prescribed it frequently at the same time to a number of families living in the immediate locality where the disease existed, apparently with the same good results. Again, I have prescribed it frequently upon the development of the first case in a family or neighborhood, and continued its use right along with a number of those yet free from the disease, and in many instances I have seen one case after another develop itself, not only in the same family but in neighboring families where the medicine had been used continually from the first outbreak of the contagion. But I have not only seen the number of cases multiplying in spite of my prophylactic, but have witnessed equally as large a percentage of mortality as where the belladonna had not been taken.

In my opinion, belladonna as a prophylactic must be classed in the same category with the vaccination fallacy, the nailing of horse shoes above the door for luck, or tying a red string around the little finger to stop nose bleed, or with other humbugs and superstitious notions of the past. Science knows no prophylactic, excepting whatever pro-

motes or exalts the tone of physical health. Nothing except the vital energy corrects disorder and removes morbific and effete elements from the system, and wards off invasion of disease externally. There must be debility, of some form or other, within the organism to impair our energies before a distinctive encroachment from without can seriously disturb our health. This is an assertion so well understood, and so universally accepted by scientists as being true, that it needs no argument here to further elucidation.

Thus at once it appears how preposterously absurd it must be for an intelligent physician to prescribe a specific prophylactic as a universal panacea for a certain distinctive disease. Any such attempt to avert a possible malady with disease-creating agencies, can be nothing short of ignorance or charlatanism, whether emanating from a Jenner, a Hahnemann, a Thompson, or a State Board of Health.

Much has been vaguely written to establish the specific powers of certain supposed prophylactics, but whenever the proofs of their efficacy have been sifted to the bottom, it became apparent that nothing but ignorance and faith perpetuated their use. And whenever faith holds sway over the human mind, science must step aside. Any attempt to disprove a belief based upon faith will avail nothing. Epidemics are warded off by public sanitation. Endemics, or diseases of individuals, are averted by private sanitation, a strict obedience to physiological laws and proper hygienic rules. Through these only can we attain perfect health. —*Woman's Own.*

ANALYSES OF BEEF PEPTONOIDS.

Report of Beef Peptonoids by Prof. Attfield, F. R. S., F. I. C., etc., author of "A Manual on Chemistry, General, Medical, and Pharmaceutical."

The chemical examination to which I have submitted your Beef Peptonoids yields the following results in 100 parts:

Albumenoids (containing nitrogen 10.94),	69.25
Fat,	10.71
Sugar, including a trace of starch,	9.50
Phosphates, equal to bone phosphate,	3.01
Other mineral substances,	2.61
Moisture,	4.92
	100.00

The manufacturers of "Beef Peptonoids" state that this food is composed of dry lean of beef, one-third; the solids of milk, minus most of the fat, one-third; the gluten of wheat, one-third; the beef being partially digested or "peptonized." My analysis fully supports this statement; for I find present between 69 and 70 per cent. of albumenoids, that is, flesh-forming material (nitrogen 10.94); more than 20 per cent. of warmth-producing substance, nearly half of which is milk sugar, and rather more than half fat; 3 per cent. of bone-forming phosphates; about 2 per cent. of other normal mineral matter, and about 5 per cent. of moisture. A sample of the constituent gluten submitted to me was practically pure, containing a mere trace of starch. Rather more than one-fourth of the albumenoids, probably the "peptonized" portion, was soluble; while practically the whole of the "Beef Peptonoids" was readily soluble in peptonizing fluids, showing that it is easily and wholly digested when taken into the stomach. The flavor and odor of the preparation are excellent; its thorough state of dryness fits it for keeping any length of time in any climate. It is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly 70 per cent. of truly nutritious nitrogenous material partially peptonized has never before, to my knowledge, been offered to the medical profession or to the public.

London, November 18, 1883. JOHN ATTFIELD.

ACCIDENTAL PROVING OF SULPHURIC ACID.

L. B. RICHARDS, M. D., Stafford Springs, Conn.

Sunday morning, June 22nd, 1884, I was called in haste to attend Mr. I., who had accidentally taken two swallows of Sulphuric Acid at 9 A. M., as it had been poured from the carboy. He became pale at once, with retching and difficulty of swallowing, swelling of uvula and mucous membrane of whole throat. Was given about one pint of water to drink within three to five minutes after drinking the acid. Within three minutes more vomited a black (fine coffee-ground appearing) substance such as I have seen yellow fever patients throw off. This vomiting continued for two hours, amount thrown off from three to four pints, but a small amount thrown off thereafter it having been controlled by free use of whites of eggs. One hour after taking Acid, the uvula was the size of a pecan nut, of a pale pink color, great difficulty of swallowing, partly from the swelling and partly from pain seemingly in region of epiglottis; burning behind the sternum in chest, (not confined to line of œsophagus) and in stomach. Two hours after, (11 A. M.), upper and lower extremities, and nearly the whole body was cold; a cold clammy sweat stood on his whole body, his legs were weak, his knees gave out, he could not walk or stand; voice "thick," husky; tongue yellow brown; lips seared as though they had been touched with red hot iron; a thick, whitish, ropy substance was constantly expectorated. Gargle of Chlorate of Potash was given which seemed to afford considerable relief, but at night could not lie down to sleep, the secretion of mucus was so great he was in danger of being strangled. I prescribed Puls.[1] and Kali. bi.[1] in alternation, with diet of milk well sweetened, and whites of eggs, with or without milk. Next morning (Tuesday) reported himself very much better; could sleep very well and thought he could dispense with my services.

I think the man had been using intoxicating drinks the night before but none Sunday morning; he took the Acid supposing it to be water; it was in a stone pitcher on a shelf in the dye-house of a woolen mill. He was not able to eat much solid food for at least one week after.

EDITORIAL.

A PRACTICAL DISINFECTANT.—In diphtheria, scarlatina and other diseases the odor emitted is often very offensive, so much so as at times to render the atmosphere of the sick room almost unbearable. In my experience the simplest, best and most harmless deodorizer or disinfectant that can be used is charcoal. Its well known power of absorbing gasses and holding them confined within its pores to an extent several hundred times in excess of its own volume was the means of first introducing it into the Materia Medica of the other school. It does not act equally upon all gasses, absorbing very little hydrogen and oxygen, but large quantities of sulphuretted hydrogen, and ammonia and its compounds. Freshly broken pieces of charcoal of the size of an orange, put in baskets in several places in the sick room, will produce a revolution in a very quiet and effective manner. It has the advantage of removing the offensive or unpleasant odors, without substituting an equally disagreeable one as many other disinfectants do, especially carbolic and salicylic acids, bromo-chlorolum, etc. It only requires to be used to be appreciated. H. C. A.

A LITTLE MIXED.—A correspondent in objecting to the introduction of a homœopathic department in an eclectic journal, gives the editor of *The Eclectic Advocate* the following knotty problem: "For you must know that Eclecticism is as much opposed to Homœopathy as it is to Allopathy; if the line of demarkation is not as broadly drawn, it is, nevertheless, quite as distinct. The eclectic practice cannot by any possibility include the methods adopted by the follow-

ers of Hahnemann." To this the editor returns a somewhat general denial, and this "comprehensive" answer: "Eclecticism does include many of the methods of the followers of Hahnemann, as it also includes some of the methods of the so-called regular(?) school." To a disinterested observer the reply is no answer at all. The correspondent is correct. The therapeutic principle upon which Homœopathy is based is quite as distinct from Eclecticism and the line of distinction as broadly drawn, as from Allopathy. In fact, we would like to have the editor of the *Advocate* point out any distinctive difference in the principle of therapeutics between Allopathy and Eclecticism. In both schools of practice the remedies are given in the crude form, and in combination; and in both almost every member has his "favorite prescription" for the maladies he is called upon to conquer. While the editor is establishing his homœopathic department, in the interest of truth, of science, and of his readers he should investigate this question so as to be able to give at least something more than a negative answer. H. C. A.

Scarlatina Prophylaxis. On another page we publish an extract from *Woman's Own*, on this subject, in which we think the writer is laboring under a very common yet a very serious error. Like many men in our profession he no doubt honestly entertains his opinions, but when he accuses Hahnemann of "ignorance or charlatanism," it is time to examine the premises upon which he bases his accusation. Hahnemann never said that Belladonna would either *prevent* or *cure* scarlet fever, without giving the symptoms or conditions under which it would act. He always, and everywhere in his writings, condemned the prevalent method of prescribing for a disease by "a distinctive name." And scarlet fever was no exception to the rule; for in "Lesser Writings" page 376 he says; "I endeavored to obtain a remedy whose peculiar mode of action was cal-

culated to produce in the healthy body most of the morbid symptoms which I observed *combined* in this disease. My memory and my collections of the peculiar effects of some medicines, furnished me with no remedy so capable of producing a counterpart of the symptoms here present, as Belladonna." He prescribed Belladonna as a prophylactic for the scarlet fever then prevailing as an epidemic, which it not only resembled but from its similarity cured. But because it cured and prevented scarlet fever as it appeared in that epidemic, is no reason why it should prevent it now, whether it resembles it or not. The scarlet fever of Sydenham and Hahnemann with its symptoms so closely resembling those of Belladonna, is now rarely if ever seen; hence Belladonna can neither prevent nor cure it. Still we have physicians who continue to prescribe it for scarlatina, irrespective of the symptomatic resemblance just because Hahnemann did, and when they fail to cure, as fail they must, Homœopathy is credited with the failure. Sulphur or Rhus or some other remedy which resembles the disease or forms "a counterpart of the symptoms present in the sick" must be selected. The author says: "It is preposterously absurd to prescribe a specific prophylactic as a universal panacea for a certain distinctive disease." Very true. Hahneman could not have stated it in stronger language. Yet this prescribing for "a distinctive disease" is what Hahnemann in all his writings so strongly condemns. This is not homœopathic prescribing. Though homœopathic remedies be used and used by professed homœopathic physicians, the principle is the principle of allopathy and eclecticism. The *similar* is conspicuous by its absence. There is no objection to the doctor becoming scientific. We do not object to science or scientific sanitation as a prophylactic measure. But we do object to the erection of "a will-o'-the-wisp," and the laying of the burden of the error on Hahnemann and Homœopathy.

H. C. A.

NEW PUBLICATIONS.

TREATMENT OF CHOLERA: By Charles Gatchell, M. D.; published by Gross & Delbridge, Chicago.

This hand-book of 33 pages is a semi-popular, semi-professional treatise on the history, prevention, prophylaxis, hygiene and homœopathic treatment of Asiatic cholera, which in view of the expected visit of this scourge in 1885, is very opportune. H. C. A.

HOW TO DRESS OUR BABIES: By L. C. Grosvernor, M. D., Chicago.

This is an eight page leaflet from the press of Gross & Delbridge. The doctor has evidently reduced baby dressing to a science and it will repay cost to send for one of his illustrated "Gertrude Baby Patterns," five in number, by which the baby is dressed with only one pin instead of fifteen or twenty. H. C. A.

ESSAYS ON DIARRHŒA AND DYSENTERY. By P. P. Wells, M. D., with Repertory by E. J. Lee, M. D. Supplement to the Homœopathic Physician.

Nothing could be more apropos to the season than this little work. Within the brief limits of 68 pages (12 mo.) we have just what is wanted for ready reference and comparison. It is a genuine vade mecum and fills a needed spot in the armamentarium of the doctor, who wants to catch many points at a glance. A few spare nickles will bring it by writing to Dr. E. J. Lee, 2109 Chestnut street, Philadelphia.

HISTORY AND PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR THE YEARS 1881-'82-'83. Published by the Association.

A large amount of interest has been awakened in the proceedings of this association, and though its existence has comprised only four brief years, it may be said to have already created quite a history, if not, an epoch. So much has been said of its doings that it is fitting and fortunate that those doings are now given to the world. A fair volume of nearly 400 pages, is a respectable beginning, not excelled in a corresponding time by even the American Institute. It will no doubt surprise many who read this work not to find in it all those dreadful things of which so much has been said. It will also be a genuine surprise to find as contributors to its pages such men as James B. Bell, Edward Bayard, O. P. Baer, H. N. Guernsey, Ad. Lippe, P. P. Wells, W. P. Wesselhoeft, and many others of national repute. In literary and scientific qualities, this first volume of the internationals will rank with the best of its kind. No man, if he thinks for himself, will be

likely to accept all he finds here, but every one will acknowledge that for careful study of cases and genuine and intelligent following of the law similia, no work of greater importance or of more practical value has yet been added to our literature. Those of our readers who may desire to have this work can obtain it of Dr. J. B. Gregg Custis, Washington, D. C., for one dollar. It is a paying investment, and we commend the book most heartily.

THE THERAPEUTICS OF INTERMITTENT FEVER. By H. C. Allen, M. D., University of Michigan, 1884. F. E. Boericke, Philadelphia.

The title page gives us no notice of the fact that this is a second, revised and greatly enlarged edition of a former most popular monograph on intermittents. This important point, however, should not be lost sight of, for it helps to strengthen the fact that physicians do not all make quinine their sheet anchor. It will always be an easier matter to give quinine than to master the Materia Medica, and it will always be easier to sneer at those who with fidelity apply the homœopathic law to fever and ague, as to other diseases, than to imitate their methods. It will be a matter of thankfulness with all who desire to know the proper use of remedies in intermittents that Prof. Allen has prepared a work of such excellence, and one which can be made so thoroughly practical. Every true homœopath will hail its advent with pleasure, and to those who are wanting in knowledge of the homœopathic method in ague it will be a priceless boon. To those who will not study, and who do not care, as well as to those who can flout the homœopathic remedy in this disease just like an allopath, this book will not have many charms. But if we do not mistake the mission of Prof. Allen's book it will inaugurate a revolution in the treatment of intermittents, and save multitudes from being victimized by the routinism of quinine giving. To the publisher much praise is due for the excellent typography of the work. Pp. 342. Price, $2.75.

AMERICAN MEDICINAL PLANTS, used as Homœopathic Remedies; their History, Preparation, Chemistry, and Physiological effects. The work beautifully illustrated from drawings of each plant, *in situ*, by the author, C. F. Millspaugh, M, D. Boericke & Tafel, New York and Philadelphia.

Though a little behind the time promised in making its appearonce, we gladly welcome the first part of this great work. It is issued in thirty parts, each part containing five numbers of six plates each with descriptive text; $5.00 each, or $30 for the complete work, and sold by subscription. The first part contains:

NUMBER ONE.

Ampelopsis,	Asclepias cor.,	Castanea ves.,
Apocynum and.,	Berberis,	Catalpa,

NUMBER TWO.

Chelidonium,	Chimaphila.,	Epigea,
Chelone gla.,	Dulcamara,	Euphorbia cor.,

NUMBER THREE.

Gaultheria,	Helianthus,	Inula,
Hamamelis,	Hydrastis,	Iris versic.

NUMBER FOUR.

Linaria,	Melilotus,	Nymphæa,
Lobelia syph.,	Millefolium,	Pothos.

NUMBER FIVE.

Robinia,	Sinapis nig.,	Trifolium pra.,
Sanguinaria,	Tabacum,	Trifolium rep.

As will be seen by the above list most of these plants, or many of them at least, grow within the ridé of nearly every country practitioner and should be studied and known, that in case of necessity they may make fresh tinctures for themselves, as did Carroll Dunham when at a distance from his office he found himself called upon to prescribe Eupatorium with none in his case. He knew the plant and was equal to the emergency. The drawings in this work are accurate and life-like, and in every case are drawn and colored by the author's own hand "from specimens as they stood in the soil," and when we consider the widely separated habitat of our American plants, and the labor necessarily involved in such a work, both the author and the publishers are to be congratulated on the completion of the first part.

The "Physiological action" as given is so very general that the book cannot be used as a work for practice. It is evidently not intended to take the place of a work on Materia Medica. But every practitioner interested in knowing the source of our vegetable remedies, especially those indigenous to America, will be amply repaid by its purchase. H. C. A.

BOOKS AND PAMPHLETS RECEIVED.

Proceedings of the Twentieth Annual Session of the Homœopathic Medical Society of Ohio. This is a very creditable volume of 228 pages—one of the best ever issued by the society. It is well printed with some good illustrations, and there are many valuable papers. But, we regret to say, many of the best papers are badly marred by defective proof-reading. H. C. A.

The Michigan Directory for 1884 has just been published by Drs. Farnsworth, of East Saginaw, whom we congratulate upon their enterprise. But owing to the unaccountable tardiness of some of our physicians in replying to letters of inquiry, there are many errors and omissions to be corrected in a future edition.

H. C. A.

The *North American Review* for October contains an able paper by Dr. C. Creighton on the "Origin of Yellow Fever," which will well repay perusal. He says: "The poison hardly touches the negro; it spares him in proportion to the purity of his racial characters. As the noxious miasmata that give rise to yellow fever have come from the negro body, they cannot poison the negro again." This is in the direct line of Pasteur's recent researches in hydrophobia, and another verification of Hahnemann's facts. H. C. A.

EDITOR'S TABLE.

DR. A. M. CUSHING has removed to 605 Tremont street Boston.

THE American Public Health Association meets at St. Louis October 14.

W. T. BRANSTRUP, M. D., has removed from LaPorte to LaFayette, Indiana.

Sayer Hasbrouck, M. D., has settled in Providence, R. I., as an eye and ear specialist.

T. L. HAZARD, M. D. (U. of M.), has removed from Salamanca to East Randolph, N. Y.

S. M. Cate, M. D., removes from Salem, Mass., to 916, 15th street, N. W., Washington, D. C.

E. J. Bissell, M. D., (U. of M.) locates in Rochester, corner of State and Lyell Ave. He will give special attention to diseases of the eye and ear.

HAHNEMANN COLLEGE AND HOSPITAL, Chicago, have issued invitations for the twenty-fifth anniversary of its opening on Tuesday evening, September 30, at 8 o'clock.

MARRIED—In Pittsburg, June 26, Dr. J. H. McClelland and Miss Rachel May Pears. With regrets at our enforced absence we extend congratulations.

THE Central Ohio Homœopathic Medical Society held its regular autumn meeting at Columbus, September 4. It usually presents a good programme.

THE new volume of the *Century* Magazine, with the admirable series of articles, "Battles and Leaders of the Civil War," by Grant,

Beauregard, Rosecrans, McClellan, etc., begins with the November number. Now is the time to subscribe.

THE quarterly meeting of the Central Michigan Homœopathic Society will be held in the parlors of the Hibbard House, Jackson, on Tuesday, October 21, at 10 A. M.

ANY physician who desires a location in Alabama, Texas, Mississippi or Louisiana, can learn of good locations by writing Mr. T. Englebach, of the New Orleans Pharmacy.

PROFESSOR COHNHEIM, the German pathologist, whose contributions to the pathology of inflammation have made his work a standard authority, died at Leipsic, August 16th.

UNIVERSITY OF MICHIGAN:—Prof. Cowperthwaite delivered the introductory to about the usual number of students, on Wednesday, October 1. The doctor is a valuable acquisition to our numbers and will receive a cordial welcome by the profession of the state.

EFFECTS OF HEAT.—The other morning in Philadelphia, at a session of the American Association, the reading of the first paper was about to proceed, so the story goes, on the "Nervous System of the Flea," when a member jumped up and moved an adjournment. Carried unanimously. Thermometer 96°.—*Scientific American.*

REMOVAL.—Dr. Charles Deady, O. et A. Chir., late house surgeon of the New York Ophthalmic Hospital (with which he has been connected for the past eight years) has been compelled on account of his health to remove to San Antonio, Texas, where he will continue to practice his specialty, diseases of the eye, ear and throat. New York's loss is Texas' gain.

REMOVAL.—The Buffalo City Eye and Ear Dispensary has removed to the new building, No. 562 Washington street. The institution, as heretofore will be free to the worthy poor, and will be open daily, at 2 P. M. Operative and other cases, if local, will be city charges. Others will be received in the wards at five dollars per week. Dr. F. Park Lewis continues as surgeon in charge.

ALLOPATHIC CONSISTENCY.—"I must caution you," said the physician, "against drinking wine." "But I drink very little doctor," remonstrated the sick man. "That may be, but you must leave it off altogether. Wine, nowadays, is so adulterated with drugs and chemicals that it is unfit for consumption." "What would you advise me to take?" The doctor then wrote out a five-dollar prescription of drugs and chemicals.—*Philadelphia Call.*

THE

MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

T. P. WILSON, M. D., EDITOR. PHIL PORTER, M. D., GYNECOLOGICAL EDITOR.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING CO., Ann Arbor, Mich.

H. C. ALLEN, M. D., Business Manager.

VOL. XV. ANN ARBOR, NOVEMBER, 1884. NO. 5.

HYGIENE.

NATURAL LAW APPLIED TO ETIOLOGY.

E. R. EGGLESTON, M. D., Mt. Vernon, Ohio.

The more general discussion of principles underlying Sanitary Science has been crowded into the background by the pressure of special features or bearings of the subject, but the present period marks another transition;—that is to say, we move again toward general principles. The demand of the times is for an investigation and explanation of the efficient nature and modes of propagation and perpetuation of the material causes of disease—epidemic disease, especially. To bring the fact forcibly to mind I may refer to that great unsettled theory which numbers among its adherents some of the great minds of the age, and which, as given, is yet too full of inconsistencies and absurdities to make a greater claim upon our acceptance than that of an hypothesis, the germ theory of disease. Now this theory has a practicable, a strong side—one that will bear the closest scrutiny, which may be stated as follows: (1) The

atmosphere is filled with germs, innocent, inocuous, conserving the purposes of nature as agents in the decomposition of vitalized matter; (2) the normal germ never attacks vitalized matter; (3) having attacked dead matter, and been propagated in it, it becomes an abnormal germ, capable of disseminating the noxious element of the matter in which it is propagated; (4) the normal atmospheric germ, it is safe to say, never did and never will cause disease; while, it is equally safe to say, the abnormal, noxious germ of decomposition, always has, and will cause disease. Thus much from the discussions upon the subject may be accepted as proven, and nothing else.

But, admitting all that critical science of the present time may admit regarding the germ theory, or any other theory of standing, we have still to face the question as to the prime cause of disease, and thus we turn again to general principles.

No theory yet explains the causes of the widespread depression of vitality which invariably attends prevalent epidemics of degenerative or zymotic type; if it did we should know why, during certain seasons all, or nearly all, acute diseases are asthenic in character; or in another case why they are sthenic. No theory yet explains the cycles of epidemics; if it did the labors of those in sanitary authority would be simplified, and not so easily misdirected, and the prognostications of physicians would be more certain and satisfactory.

It is no new belief that is urged, nor is it one that is untried, or unheeded, or unappreciated, to some degree, but it is, so to speak, undefined, and unconsciously applied. Surgeons are painfully aware of larger losses during certain years or seasons, operative procedures being of similar nature and grade of severity, and no less skillfully performed;—the varying results are unaccounted for. Physicians observe tendencies to types of disease, and upon them prognosticate their epidemic or leading remedy; they admit

into their prognostic estimates the diurnal variations of intensity of morbid action—exacerbations and remissions; they admit the results of climatic and thermal vicissitudes, of atmospheric perturbations, of the presence or absence of ozone, of the excess or deficiency of positive atmospheric and negative terrestrial electricity; and yet with how little of the clear understanding so necessary to practical application, how little of that inexorable logic which deduces from demonstrable facts!

I shall not presume to present an ultimatum upon these topics, to equalize all inequalities, nor to make logical all that is illogical, but I do hope to indicate a means for a scientific determination of every question indicated, and with them a host of others more or less subsidiary.

Why do certain diseases become epidemic? Because, 1st, Preceding or simultaneous with the major epidemics there are wide-spread states of depression of the animal powers, which determine marked susceptibility to the contagium of the prevailing disease. I believe the experience of every observant physician will substantiate the proposition. Perhaps the most noticeable instances are during epidemics of typhoid, malarial and yellow fevers, cholera, dysentery and diphtheria. Tissue degeneration is a marked feature of them all, and during their prevalence most cases of acute disease, especially if attacking similar tissues, present, in some degree, characteristic features of the type. Nor is this all. Wider observation must demonstrate the fact that states of relative good health, during the reign of these depressing influences, are degraded. 2d. Because the morbid element finds in the prevailing conditions of degradation the conditions most congenial to its propagation and perpetuation. This, in the very nature of things, is a necessary consequence. For, the preceding being true, there is no longer the normal degree of vital power in animal bodies, so, of course, there is no longer the normal degree of vital resistance, or, the more conditions become

unsuitable to normal vitality, the more they become suitable to morbid action.

Referring once more to disease germs, it is seen how conditions for their propagation are thus fulfilled; for even if animal matter with which they are brought in contact is not totally devitalized, it is so degraded as to determine the *susceptibility* so widely recognized, and increasing susceptibility, more virulent contagium, and greater malignity of disease, go hand in hand with, and in strict proportion to, the intensity of causes of depression of animal vigor. On such grounds it is easily understood why sporadic cases of the diseases which are capable of becoming epidemic, do not become so; why they manifest so little malignancy; why they are so little contagious, and why little or not at all infectious. While, therefore, it may not be strictly true that disease never is caused by germs it does appear to be true that disease never is caused by germs except they have been propagated in a diseased tissue, the specific character of which they represent.

From such premises it is difficult to avoid the conclusion that animal bodies are responsible, in the second instance, for their own morbid states,—the first depending upon the external conditions referred to. Spontaneous or self-generating specific diseases are not strange to the experience of any practitioner, puerperal septicæmia, specific parotitis, scarlatina, and diphtheritic angina have fallen under my own observation, for the cause of which I unhesitatingly deny exposure to an infected atmosphere, to contagious germs, to foreign agencies of any and every sort. It is very easy to say we don't know about these exposures;—I say we do know—it is our business to know. The proof is within our reach in our ability to trace backward to the very depraved functions and tissues which gave rise to such objective signs. It may be concluded, then, that behind all the manifestations of the specific diseases, there are forces not acting at equilibrium, conditions not neutralized by

others, the results of the operations of which are phenomenal, and as far as the individual is concerned, degenerative and destructive.

Therefore, I believe that the ultimate causes of epidemic diseases will be found to be in the abnormal or unusual operations of the natural forces; that these induce in animal bodies states of depression, unusual susceptibility, and tissue degradation; that these in their turn breed their own morbid action, or lay the individual open to onsets from innumerable disease elements, material or otherwise, including germs. The forces concerned in these results are:

1. *Electricity*, with its modifications, positive, negative, magnetic and ozonic; and its transformations or correlatives heat and light, with their modifications.

2. *Gravitation*, with its modifications.

3. *Atmospheric Pressure*, with its concomitants.

Whether it is true or not, as some meteorologists claim, that all the great atmospheric and oceanic currents are caused by the expansibility and rarefaction of heated matter, it is a fact that electricity is an ever-present active factor, and its activity is modified and its potential varied with every change that occurs in the movements of the air and the ocean. Instability, then, is characteristic of electricity. It is true, further, that atmospheric electricity is always positive, and that the symbol of its power may be increased or diminished; hence its intensity is variable. But as its power is relative merely, being measured from a standard of neutrality, it appears that the less positive conditions become the more negative. Now it can be shown that positive electrification is the necessary normal condition of a healthy invigorating atmosphere, and that in the same degree that its amount becomes diminished, or is neutralized by the accession of negative states, in the same degree does it become abnormal and devitalizing.

It is an extraordinary fact that all manifestations of life have as a condition the evolution of positive electricity. It

is also true that negative states and animation are absolutely incompatible. This condition of living bodies is a variable one, and that independently of external influences. Now if the electrical norm of a living body is degraded from causes within itself, and in addition is subject to further degradation from the neutralization of the atmospheric positive state, which is a source of supply independently of bodily sources, it is not easy to avoid the conclusion that these causes, one or both, operate as predisponents to morbid action. Further, the same conditions prevailing over wide areas, and through long periods of time, as they unquestionably do, we are furnished with the cause of the states of least resistance or depression of vitality which is so constantly an element of pestilential activity. Admitting deficiency, we must admit excess, and doing so we account for the prevalence of the acute inflammatory, or sthenic diseases, as well.

Magnetism is classed as a modification of electricity, yet I believe the terms to be conditionally convertible; for it seems to me that they are forms of the same force operating under diffeent circumstances, that is to say, magnetism belongs to the universe is the bond of union of its members, while electricity belongs to the atmosphere of the earth, and to it alone. In short, electricity is mobilized magnetism; or, magnetism is mobilized static electricity. Its origin being in solar activity, and its influence including every body in our system, it is seen that its consideration must include too much solar and planetary physics to be brought within the limits of this paper. It may be said, however, that to it, in the end, may be brought home each and every point.

Notwithstanding the conflicting opinions regarding *ozone*, I am disposed to adopt that of Prof. Kedzie, who says: "I call ozone the most energetic of the constituents of the atmosphere. Its presence or absence must have a controlling influence over the vital powers, and it seems to

me that no one can deny that its influence on human health must be most significant." Flippant denial of its existence in a normal atmosphere is easily made, but the results of observations by men of world-wide reputation and of unimpeachable standing in the scientific world, place it beyond the reach of irresponsible denials. The lights of such observers as Shoenbein, Faraday, Boeckel, Dove, Moffatt, Lowe, Day, and Tyndall, cannot be incontinently snuffed out. From among the multitude of facts concerning this agent, one only is selected for this occasion, and that more for the purpose of giving it the emphasis which it deserves, than to enter a discussion on it. Adopting the definition of the action of atmospheric ozone, some consideration is due to the circumstances attending its appearance and disappearance. The transformation of simple oxygen into a substance having such peculiar chemical activity, takes place under the action of free atmospheric electricity. If there is little or no free electricity in the air, then little or no metamorphosis of oxygen occurs. Such being the fact we are able to say pretty definitely in what conditions of the atmosphere ozone is present, or otherwise. At the outset we are struck with the remarkable complementary relations existing between meteorological conditions and those which determine the presence or absence of ozone; for, whereas, in the one case there is high barometrical pressure, with cooler, purer, highly electrified air being poured down upon the earth's surface from the upper regions, bringing with it free electricity in abundance; in the other case opposite conditions prevail;—a heated, attenuated, vapor-laden atmosphere at a low pressure, which has absorbed not only the free electricity, but has greatly neutralized the electrically positive state of the air, in the vaporization of the water which it contains. Under the first class of phenomena ozone is generated; under the other it is not only generated, but that which is already present is decomposed to furnish the electrical force essential to the process

of vaporization. Between these opposite states of the atmosphere lies all the difference between health and disease; for the phenomena of one side are conservative and protective, and on the other they are destructive.

It must occur to our minds that with the atmosphere at or near its mean or electrically positive state; with a sufficient quantity of free electricity to subserve the processes of evaporation and the generation of ozone in sufficiency to oxydize organic noxious emanations or miasmas; with an equilibrium between the positive atmosphere and the negative earth; with equalization between the sometime electro-positive antagonisms of animal life and the atmosphere; and with such relations of polarity between the animal and the earth as to preclude violence, that animal life is at its highest point of conservatism. Now every condition specified may be reversed, or any one of them; some may operate with extreme violence, others far below the mean or not at all. Is it not apparent that with fluctuations of these mean states the vitality of every living thing has such a tax laid upon it that, instead of its powers of existence alone being called into the account, its powers of resistance are laid under contribution as well? But suppose these deleterious fluctuations extend through long periods of time, and over wide areas of the earth's surface;—must the fact be again emphasized that this is one of the prime conditions of a wide-spread epidemic state?

For instance:—It is recognized that the general characteristics of human constitutions are not types each of another, but that elementary variations occur. So marked is this peculiarity that arbitrary classifications have been found necessary to express it. Since members of these classes began as they continue, we infer that some pre-natal influence has determined the peculiarity. Such influences should undoubtedly enter into our estimates of individual predisposition, and we are bound to enquire into the origin of them. Now suppose that over a specified time and place

such conditions are prevailing that the vitality of human beings is depressed in a peculiar manner. An inference is that pregnant women are vitally depressed also, and that their offspring will receive the same or similar morbid impressions, and are, therefore, predisposed to states of low vitality. Whether the "constitutions" of writers may be thus in part explained, or not, it certainly offers a plausible explanation of some epidemics among infants.

It would be unprofiable in the present state of knowledge upon the subject, to enter upon speculations regarding the relations of light and heat with states of health, but in the investigations of the future they will not pass unheeded. *Light* may be dismissed from present consideration with a single remark: As its source is fluctuating, so it must vary in intensity; as physical existences are conditioned to a mean of its intensity, according to the latitude in which they are placed, so their vigor is or is not maintained according as the supply departs or not from a mean intensity. More should be said regarding *heat*, but it, also, must be dismissed with little remark. From the fact that the extent and prevalence of such diseases as yellow fever, typhus fever, phthisis pulmonalis, and catarrhal diseases, are more or less rigidly marked by degrees of north and south latitude, it follows that deviations from common thermal intensities within these ranges must be coupled with advancing or receding averages; and the vicissitudes along the borders of these regions should mark a narrower or wider prevalence of these diseases.

The other topics, *atmospheric pressure* and *gravitation* must remain for future consideration, as well by reason of the tax upon the society's patience, as on account of its inflexible rule which protects against the infliction. Suffice it to say that the grounds are as strong as in the case of electricity for supposing that their normal or abnormal operations maintain or disturb the plane of healthful life. So similar, indeed, are the effects of their variations to

those already considered, that what may be said of one, is true of the others. In fact, a compound gradient may be formed, which may embrace each element, to rise and fall above or below an assumed mean, and which unerringly indicates departure or otherwise from a standard of health.

Finally, to bring the whole subject within the realm of professional respectability, I can do no better than quote from Prof. Richardson's *Diseases of Modern Life:* "With-al, there is a general, if unwritten, knowledge, that certain marked events of disease, are often found occurring together, as if they depended upon some common influence. There are epidemic visitations. There are accumulated instances of sudden death from apoplexies, hemorrhages, congestion of the lungs, failures in the motion of the heart. The operating surgeon has a long run of successful operations, even of severe operations; then he has a long run of fatal operations, in which he knows that the severity plays no part in the general result. When we put all these facts together, though we even call them coincidences, for want of a better term, they point circumstantially to the limitation of the phenomena of disease, and to the dependence of these phenomena, however apparently varied, upon the operation of a few causes, active and external. The external causes which give rise to the phenomena of disease have remained steadily in operation, producing repetition of the phenomena in such systematized order, that from patient study of history we might predict the recurrence of some of the phenomena, as astronomers predict the return of comets and the recurrence of eclipses. The causes have remained unchanged; the phenomena have followed with the precision of natural law."

WHO IS RIGHT? -Bilroth, in a recent lecture, says water is *the* preventive of cholera. Koch, on the contrary, says that water aids in its propagation, and the microbe may be extinguished by desication.

ORIGINAL CONTRIBUTIONS.

CLINICAL EXPERIENCE WITH VIBRATORY AND SPECIALIZED MOTION.—CONTINUED.

G. H. PATCHEN, M. D., Burlington, Iowa.

CASE 2.—Hemiplegia with contractions following cerebro-spinal meningitis.

Eddie D., a bright boy of ten, was attacked with cerebro-spinal meningitis in its most severe form on the 23d day of April, 1881. No one, not even the attending physician, thought recovery possible. However, a tedious convalescence began by the following June, and when the acute symptoms subsided, it was found that he could neither hear, see, or speak, and that there was complete hemiplegia of the right side. By the time his strength had sufficiently returned to enable him to leave his bed, sight and power of speech was fully restored but the deafness remained. The hemiplegia showed but little signs of improvement and it was only by the greatest effort that the leg or arm could be moved, By the use of remedies and friction, power, to a certain extent, returned to the paralyzed extremities. As is usual in such cases, the leg made the most rapid improvement and by the following September he could hobble around without assistance, and could move the arm slightly *from the shoulder only.*

In March. 1882, nearly a year after the primary illness, he applied for treatment. His condition was even worse than in September of the previous year. The paralyzed members had gained but very little in power, while they were gradually shrinking and becoming more and more contracted at the joints. The leg was drawn up towards the thigh to such an extent that the toes only touched the ground when he stepped and the knee was stiff. The forearm was drawn towards the body, the elbow contracted, the hand at nearly right angles with the forearm.

The treatment consisted of the systematic, daily application of rapid vibratory motion to his extremities and back, followed later by passive rotary motion to the affected joints. Improvement was soon noticed and continued slowly and steadily as long as the treatment lasted. By the first of September the paralyzed limbs were nearly the size of their fellows. The contraction and stiffness at the knee was overcome, the entire sole of the foot was placed on the ground when he stepped, and only a slight dragging and hesitancy in the use of the limb were left to remind him of his former disability. The elbow, wrist and hand could be straightened at will and the fingers could be extended. He could shake hands, put on and take off his hat and carry food to his mouth with a spoon. His hearing, however, was in no way improved, and because of the fact he was fast losing his ability to talk. The treatment should have been continued longer, but his mother, a widow, was anxious to put him in the state institution for the education of mutes, where he was accordingly taken and where he has since remained. I saw him last August when he was home on his annual vacation. His condition was about the same as when he discontinued treatment.

This is one of those unfortunate cases for which medicine can do but little. Electricity even in the majority of cases fails to afford much relief. There are two very important and difficult conditions to be overcome, the paralysis and the contractions. As regards the paralysis, what is most needed is restoration of faulty nutrition which is the basis of the disease, and this can only be done by restoring those physiological activities which control the nutritive processes. This need is supplied by the application of vibratory motion by processes that may be briefly stated as follows: The excess of blood in the brain and spinal cord, distending the vessels and interstitial fluids, is removed and diverted to other parts where it will be useful instead of obstructive. The quality of the nutritive fluids

is corrected by increased oxidation. The contractile power of the capillaries is improved so that they can better control their contents, and resist any tendency to dilatation. The wholesome and natural influence of the reflex function is stimulated so that the nerve-centres can receive their natural impressions from external sources. Concerning the contractions but little is ever accomplished by ordinary treatment beyond an endeavor to prevent them in the earlier stages of their existence and these efforts are often futile. When, in spite of preventive treatment, they become seated and chronic, they pass into the hands of the orthopœdic specialist to be tortured by the knife, bandages, splints and other mechanical and surgical devices, usually with not very satisfactory results.

The treatment of these cases by vibratory motion is uniformly successful. A physician of great experience in the use of this method has said: "A routine explanation of curative results in deformities may be briefly given. In health, the separate fibres of which a muscular mass is composed act separately. The muscle contracts by means of its parts, its fibres, and not as a whole. Consequently the fibres constantly glide upon each other in all motions. Another set of fibres called connective tissues pervades the muscles, binding the first set of fibres together interlacing and crossing them in all directions. Action causes these also to glide upon each other so they are never in a fixed position.

"It is unnatural for these fibres to remain at rest and therefore in perfect contact for a prolonged period. The result of enforced quietude and contact is permanent immobility; interlacing fibres will adhere, and fail to glide or move upon each other; the limb becomes rigid, and will not obey the little muscular power that may remain. If there has been inflammation, as in rheumatism, the product of inflammation constitutes a real cement, causing a still further obstacle to motion.

"The direct effect of the action of vibratory motion applied both longitudinally and across the direction of the fibres, is to reproduce the gliding motion, and to progressively rend asunder the innumerable, minute adhesions which may exist, and also to cause absorption of the effused material on principles before explained.

"The same action which causes separation or *divulsion* also increases nutrition of the muscles. The filling out of the muscles increases the length of the muscles, and consequently straightens the deformed limb. Not the least pulling or other application of extension, direct or indirect, is required, or is of the least service. The deformity ceases when its causes are removed to the abundant satisfaction of the sufferer, if not of the instrument maker.

"The application of this means in infantile paralysis – to the withered, often deformed limbs of partially paralyzed children—is of the utmost importance. The disparity produced by the affection is sure to increase with age, and what at first is very easy to restore, becomes more and more difficult as time elapses. Vibratory motion is the most direct, agreeable and certain of remedies; it restores nutrition and power, while entirely dispensing with mechanical supports, its use is capable of restoring this class from permanent helplessness and deformity.

"This method of treating paralyzed limbs, deformed by contractions and inflexible joints, has developed new and unexpected principles in orthopœdic surgery. It has been found that the deformity is removed even more rapidly than the paralysis. Other cases such as enlargements and joints stiffened by rheumatism, contractions produced by mechanical injuries, by abscesses, and many other causes, are cured with equal facility. Cases of club-foot have also been treated with success more perfect than otherwise attainable."

CASE 3.—*Hip joint disease.* Morris H., aged 5, was brought for treatment in November 1882. The trouble was

attributed, rightly no doubt, to a fall received a year before, by the breaking down of a swing. His right side and hip struck the ground, but with so little force that no attention was paid to the occurrence at the time, but in a few weeks symptoms developed which plainly showed the nature of the trouble. Upon examination, there were present all the symptoms that are found in the second stage of hip joint disease. There was constant pain in the hip and the region about the joint was hot, swollen, and very sensitive to the touch. The limb was rigidly held in one position, as motion in any direction caused severe pain. There was almost continuous fever which was aggravated at night, making his sleep very restless. There were night sweats; the appetite was poor; emaciation considerable and he constantly wore a pinched and painful expression of countenance.

Treatment by vibratory motion applied daily to both arms and the left leg was so efficacious, that in less than a month, the pain and sensitiveness in the affected joint had greatly diminished and slight motion in a forward or backward direction could be tolerated. The fever and night sweats were gone; his appetite became good; his sleep quiet, and his expression cheerful. The improvement continued with the treatment. By the end of the second month, movement of the diseased limb in any direction could be freely made; he could stand upon it, and even step upon it without causing pain. At the end of the third month he was taken home his father feeling satisfied that a painful if not a dangerous termination of a dreadful disease had been obviated. Some stiffness about the muscles of the hip still remained, but otherwise there was little evidence of his former serious difficulty. I am aware that as much as was accomplished in this case may be effected by other means, but it is doubtful if it could be done so readily or easily as by the methods employed. Confinement in bed with fixation of the limb would have resulted in in-

creased emaciation and debility. By the plan pursued, not only was irksome confinement with its debilitating tendencies obviated, but the applied motion really increased the general vitality and acted *derivitively*, with surprising promptness, upon the diseased part itself.

CASE 4.—*Dysmenorrhœa* due to anteflexion. Miss N., aged about 20, applied in December 1880, for relief from dysmenorrhœa. The menses were irregular, almost always too late and scanty, and were attended with great pain in the back and hips and especially in the hypogastric region. The pain was very severe, causing vomiting, faintness, and coldness of the extremities. It preceded the appearance of the menstrual discharge by a few hours and continued always during the first, and sometimes until after the second day. The pain was cutting, forcing, digging, and attended with much bearing down. There was some anæmia, and the bowels were in a state of obstinate constipation. Remedies such as Belladonna, Nux Vomica, Pulsatilla, Veratrum alb., Sulphur, and others, were faithfully tried for over a year with very little relief. Believing that obstruction in the cervix was the cause of the difficulty, an examination was requested and the result showed a prolapsed womb in a state of marked anteflexion. For a number of months mechanical means to elevate the womb and straighten the cervix were persistently employed, but with no decided result. The womb was so pressed down by the weight of the superincumbent abdominal mass that it could not be moved, by ordinary means, in any direction. The cervix rested upon the floor of the pelvis and all efforts to push up the womb from below served only to increase the flexion.

In April 1883, she concluded to avail herself of the benefits of the movement cure. The treatment, in addition to the application of vibratory motion to the extremities, consisted of such bodily movements and positions as tend to expand the chest, elevate the ribs and lift the abdominal

contents from the down crowded womb, and allow it to rise to its natural position in the pelvic cavity. So successfully was this done, that, at the end of the first month of treatment she passed a comparatively comfortable period, no other means of any kind were employed. At the end of the third month of treatment she was so much improved that treatment was discontinued. The womb occupied its natural position in the pelvis; the superincumbent pressure was all removed; the womb could be easily moved in any direction by slight pressure with the finger; the cervix was flexible and nearly straight. The improvement was not confined to the dysmenorrhœa alone but included her general health also. She was better in every way than she had been for years. She was married in the following October and has remained well.

This case is a sample of many that every physician meets in general practice, and which from their nature and the fact that the patient is unmarried, are both delicate and difficult to manage.

Mechanical and surgical interference occasionally afford relief, but why resort to these painful, barbarous and uncertain methods when the cure can be wrought more easily, surely and satisfactorily by other means and certainly in a less humiliating manner.

CASE 5.—*Chronic articular rheumatism* Mrs. B., somewhat over 50, applied in June, 1881, for relief from rheumatism of the right wrist. She was of a rheumatic diathesis and had suffered from many attacks in the acute form during her life, but of late years it had become seated in the wrist and refused to yield or be materially benefitted by ordinary treatment. The wrist was double the natural size and very stiff and painful. The finger joints suffered to some extent and there was considerable deformity of the hand on this account. As is usual in such cases, her general health was not good. She was weak and dyspeptic and suffered from constipation and neuralgia. About a

year previous she had a stroke of right sided facial paralysis which had not yet entirely disappeared.

As remedies prescribed by various physicians at different times had failed to afford any real benefit, she was placed under treatment by vibratory motion which was applied at first to the extremities (with the exception of the affected joint) and to nearly all the prominent muscular portions of the body. By this means two important results were simultaneously produced; first, a derivative action in relation to the diseased part; and, second, an increased oxidation of the blood and consequent more perfect reduction and elimination of morbid and obstructive products. In less than three weeks the pain and tenderness of the joint were considerably lessened. After this time each daily treatment was concluded by a direct application of motion to the wrist itself which caused rapid absorption of the accumulated morbid deposits and the consequent disappearance of the swelling. In less than three months the wrist had nearly regained its normal appearance and usefulness. Her general health, in the meantime had greatly improved and she felt highly pleased with the result.

In this case, in the short space of three months, vibratory motion produced results which remedies utterly failed to accomplish although faithfully used for long periods at different times. The reason is obvious. Whatever theories may be plausibly offered to account for the phenomena presented by rheumatism, it is undoubtedly true that it is the result of imperfect and incompleted physiological processes --waste products fail to be reduced to their ultimate form to insure rapid and perfect elimination, and become obstructive in their character causing serious disturbance of vital action in various ways. The capillaries become clogged; the vessels are distended, weakened and the flow retarded; local fulness and local deficiences exist; congestions, inflammations, effusions and morbid deposits are produced and promoted.

The serious and painful pathological condition just described gradually and surely disappears under the proper administration of vibratory motion in accordance with principles already fully explained, and, in all cases, gives uniform results. In some cases of long standing, and where the vitality of the patient is very much diminished, the time required for a cure must necessarily be protracted, but the desired effect will eventually be produced. Medicines often prove efficacious in these cases also, but, as every physician knows by sad experience they too often utterly fail.

Many more interesting cases of relief and cure by vibratory motion could be presented and it would be a great pleasure to do so, but enough have been given to demonstrate its beneficial action over many of the most grave and formidable maladies with which it is the lot of man to become afflicted—maladies for the removal of which, the remedies offered by the Materia Medica, too often prove ineficient. It promotes nutrition to the fullest extent in any desired direction, and is the great conservator of vital energy. "It is the remedy for chronic inflammation. It competes with every known method of purifying the blood as nothing so effectually destroys the oxydizable contents of the system. It removes interstitial fluids and causes the absorption and disappearance of fluid and solid accumulations. It diminishes chronic nervous irritability. It increases muscle, hardens the flesh and assists and perfects degestion." No patient can be so weak that it cannot be applied with benefit. It is a boon to the weak and bedridden invalid and the hope of the paralytic and deformed.

LACHESIS.—A lady, aged 60, sensation in left heel as of a worm crawling around; exceedingly annoying during the day, and kept her awake nearly all night. Had troubled her several months, and was getting worse all the time. Cured with a few doses of thirtieth. T. L. HAZARD.

SOCIETY PROCEEDINGS.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

The twentieth annual session of this Society convened Sept. 16 in the chapel of the Hospital Building, on Second avenue. About fifty members of the Society were present, including one lady practitioner. The convention was presided over by the President Dr. W. R. Childs, of Pittsburg. Prayer was offered by Rev. Dr. Cavan, of the Third Presbyterian Church, followed by an address of welcome by Dr. Bingaman, which was responded to by Dr. E. A. Farrington, of Philadelphia. President Childs then delivered the annual address, which called forth a vote of thanks from the society. The balance of the morning session was taken up by the reports of the various committees and the transaction of the usual amount of routine business, after the members had made a thorough inspection of the Hospital Building.

THE AFTERNOON SESSION.

The afternoon session was called to order at 4 o'clock by President Childs. After the delegates who had just arrived were received and their reports submitted, Dr. J. K. Lee, of the Bureau of Clinical Medicine, presented the following papers which had been received by the bureau: "Use of Ustilago Maidis," by Dr. F. J. Slough, of Allentown, Pa.; "Amyloid Degeneration in Phthisis," by Dr. J. C. Morgan, of Philadelphia; "Aconite in Knee Pains," by Dr. J. C. Morgan; "Convallaria Majalis in Gastralgia," by Dr. J. K. Lee, of Johnstown; "Diabetes Mellitis," by Dr. J. K. Lee, of Johnstown; "Intermittent and Remittent Fevers," by the Hahnemann Medical Society of Reading, explained by Dr. Williard, of Allegheny; "Abdominal Dropsy," by Dr. W. R. Childs, Pittsburg; "Disease of Supra-Renal Capsule and Pancreas," by Dr. Cowley, of Pittsburg. After the reading of the papers the President read an invitation

from the surgical and medical staff of the West Penn Hospital, asking the society to visit the hospital. The invitation was received with applause and accepted, together with one from the Bessemer steel works, at Braddock requesting a night visit to the works in the evening. An informal discussion of the papers read then followed and was taken part in by Drs. Willard, Caruthers, Van Artsdalen, Cowley, J. C. Guernsey, J. S. Skeels and Boyd. At the conclusion of the discussion the President declared the bureau closed. He then appointed Dr. J. C. Guernsey, chairman of the Bureau of Obstetrics, and Dr. C. C. Rinehart, chairman of the Bureau of Clinical Medicine, after which the convention adjourned until

EVENING SESSION.

The report of the Board of Censors was read at the opening of the evening session, and Dr. Richard K. Fleming was upon vote made a member.

The Bureau of Sanitary Sciences was then opened, and the following papers presented and read: "The Care of Children and Youth in Our Public Schools," as read by Dr. E. C. Parsons, of Meadville, was an able paper. The suggestions regulating the heating, lighting, ventilating and general sanitary condition of the school room were of the most valuable kind and extremely interesting. "The Air We Breathe," a paper by Dr. P. S. Duff, was as well received. A paper on "Some of the Sanitary Conditions that Surround Our Homes" prepared by the Chester, Delaware and Montgomery County Homeopathic Society, was then read by Dr. Caruthers. A paper on the "Beneficial Effects of Sunlight" by Dr. J. H. Young, of Philadelphia, was referred. A discussion on the papers just read then took place. Dr. Parson's paper, particularly that part relative to ventilation, was considered at length, and proved an extremely interesting part of the evening session. On the closing of the Bureau Dr. E. C. Parsons was made its Chairman.

Owing to the misplacement of a paper from the Allegheny County Society which properly belonged to the Bureau of Clinical Medicine, the Bureau was reopened and the paper read and received by the society.

WEDNESDAY MORNING.

The second day's session of the Society was opened with the report of the Chairman of the Bureau of Surgery. After the usual discussion of the papers from this department the President, appointed Dr. J. E. James Chairman of the Bureau of Surgery for the ensuing year. The report of the Bureau of Pædology was presented by the Chairman, Dr. C. Van Artsdalen. Other papers were read and discussed and the society adjourned for dinner.

Instead of resuming business in the afternoon, the society took a special train for the West Penn Hospital. Here they were met by a reception committee consisting of Messrs. Alex. Nimick, Ormsby Phillips, Joseph Albree and General J. B. Sweitzer. In a neat speech General Sweitzer welcomed the guests and at the same time gave a short outline of the history of the Hospital. Dr. W. R. Childs responding in behalf of the society stated that the invitation extended by the West Penn Hospital management was the first courtesy ever offered by the allopathic physicians in this State to their homœopathic brethren. Under the guidance of Superintendent Chess a thorough inspection of the building was then made, after which a bountiful dinner was spread, Dr. Childs presiding and Dr. J. F. Cooper acting as orator of the occasion. And this dinner, given in the West Penn (Allopathic) Hospital, to the members of the Homœopathic Medical Society of Pennsylvania reminds us of a little story. It is a repetition of the old story, the lamb and lion lying down together, and as usual the lamb is *inside*. But here is the story. About seventeen months ago, we quote from the *Pittsburg Leader* of April 24th, 1883, in the same smoky city in which the members are now junketing, occurred the following,

TALE OF MEDICAL COURTESY.

"We are called on every few days now to celebrate the growing spirit of peace and good will that is alleged to be fast developing between the two great rival schools of medicine that profess to cure the people; and the action of the New York medical society, which decided that its members could consult with Homœopaths if they liked, is claimed to be a true harbinger of that good time coming when the disciples of Galen and of Hahnemann shall practice in pairs, and pill and potion the people to harmonious health and eclectic death. Yet such incidents as the following which happened here a few days ago, show that the medical millenium is not yet crowding upon us so fast, but what we may escape it for a generation or so, if we try hard.

Dr. Winslow is an eye doctor. Not having had sore eyes, and therefore being without experience, we do not pretend to say what is his professional standing. But at the risk of giving him considerable free advertising we will say that he has the reputation of being at least a fairly intelligent and skillful practitioner. A man of Coshocton, O., had a badly diseased eye requiring immediate attention, and came on here to have it operated on by Dr. Winslow. Now Dr. Winslow is a Homœopathist, and the homœopathic hospital to which he would naturally go for a place to perform a delicate operation, is just now in a state of total disorder by reason of the new building that is being erected for it. It had no room where the doctor could take his patient. In this emergency he went to the Mercy hospital, and stated his case to the matron. He told her that what he asked was only a private room and a nurse, for both of which he would pay all that was asked. The homœopathic hospital he said would freely grant such a request to allopathic physicians, nay on many occasions had done so, and he thought that in the present emergency, the Mercy hospital should grant a similar favor to him. The matron was very courteous. She thought the request quite reasonable, said that they had plenty of room at present, and was about to give the doctor an apartment. "But," she added, "as a matter of form, it will be necessary to ask Doctor Dickson." So turning to the telephone she called Dr. Dickson and stated the case to him. "It is entirely out of the question," came the unexpected response; "utterly contrary to the rules." "But," pleaded the matron, "Is not this a case where humanity requires the rules to be relaxed?" "It cannot be done," came back to the listening ear of the lady, "it would be an insult to the regular oculist of the institution to allow an irregular to practice there."

This of course ended the matter there, and Doctor Winslow went to Passavant's hospital and made his request there. He had an almost exactly similar experience. Again the matron listened courteously, thought there would not be any difficulty, but said that the formality of consulting Doctor Lange, would have to be gone through. Would the doctor go and see Dr. Lange? He could grant his request and she felt quite confident he would, as there was plenty of room in the institution just now, and this was a pressing case where humanity demanded some concession on the part of professional punctilio. Dr. Lange was sought in his office. He was pleasant, but firm. The request was "utterly inadmissible." He had no power to grant it. If the matron thought he had, the matron simply did not know. The "rules" were inexorable as the laws of the Medes and Persians, and "cannot be violated, sir, in any case."

Dr. Winslow left, not knowing where next to go. The West Penn hospital he knew to be the strictest in the city; it was worse than useless to apply there. He knew of no private room that he could engage. People owning rooms suitable for surgical operations are not plenty, and those who do happen to own such, do not hanker to have a hospital in their houses, with its accompaniments of blood and bandages, groans and cries, the smell of ether and all that. Such places are naturally hard to get at short notice. And while Dr. Winslow, a competent physician, rebuffed from all the public infirmaries, was trying to secure one, the man from Coshocton, tired of waiting, and feeling the courage he had summoned for this one supreme occasion fast oozing out by reason of the unexpected delay, suddenly weakened, and went back whence he came, in all probability, to lose the sight that might have been saved. What a pleasant solace for his long years of darkness it will be to reflect on the sweet courtesy and tender humanity of the orthodox doctors of Pittsburg, who, rather than waive a single arbitrary "rule," will turn the worst sufferer away from the door of hope that public munificence and christian charity has provided for him, and such as him!"

It is now evident that Dr. Winslow went to the wrong hospital. He should also have applied to West Penn.

In the evening a special train conveyed the society to Braddock, for the purpose of visiting the Bessemer steel works. Here the party was taken in charge by Captain W. R. Jones, Superintendent of the works, and a corps of as-

sistants. The large works, offices, laboratory and library were all inspected, and the members were highly pleased with a steel works by night.

On the return to the city a meeting was held in the hospital and a series of resolutions passed heartily thanking the management of the West Penn Hospital, the Bessemer Steel Works and the Pennsylvania railroad, the latter having furnished cars free of cost for the society's use. The day's enjoyment ended with an informal supper in the hospital dining-hall, with Dr. Childs as the host. The invited guests were, only the members of the society, their wives and friends.

To-day there will be but one session, the last, in the morning. All the bureaus will be then closed and the officers for the ensuing year elected.

THURSDAY MORNING.

The society was called to order this morning at 9:30 o'clock. A letter was received from Dr. Henry Detwiller, of Easton, Pa., aged 90 years, who administered the first dose of homeopathic medicine in this state, (Pulsatilla 30,) and the only living representative of the school in America who has conversed with Hahnemann, expressing his regrets at not being able to be present on account of business engagements.

The subject for discussion was cholera, which was opened by Dr. Farrington. The doctor believes in the use of all the known means to prevent the spread of the disease in the employment of germicides. There are some germicides that are not homicides at the same time -but the remedies used by Homœopathists are well known and successful. He said cities that are under-drained with sewer connections with the houses are especially endangered from cholera. The ventilation of the house is of the greatest importance, and the fact is the ventilators now in use are not ventilators, as there is no circulation of the air. These things are of importance and should be attended to at any cost. In

regard to the medical treatment, thanks to Homœopathy, we have preventives against cholera, and the records throughout the world prove the success of the homœopathic treatment, in fact has it under control.

Dr. James, of Philadelphia, condemned the germ theory, that specialists have been so busy in spreading, throwing the responsibility of the disease on these microscopic bugs, or germs, or whatsoever they be, and does not believe they are the disease producing cause. He said they were hobbies that were generally ridden to death. He considered that personal fear had more to do with the spread of the disease than the so-called germs. There is no doubt something that produces disease, but as yet we have not learned what it is. Had some experience in treating cholera in 1867. Very few diseases were provided with a therapia so clear and effective as cholera.

Dr. J. C. Guernsey, of Philadelphia, referred to the discovery of Copper as a preventive, and as a remedy in cholera, by Hahnemann, the father of Homœopathy, nearly one hundred years ago, and it and the other remedies mentioned by him early in this century, are to-day the main remedies in the treatment of the disease. A plate of the metal may be worn, or, what is better, Hahnemann's directions to take *Cuprum*[10] daily, may be followed. Cleanliness and ventilation are strongly advocated.

Dr. E. C. Parsons said that in 1868, during a cholera epidemic in Chicago, Dr. Hoyne successfully used the copper plates in a large number of cases.

Dr. R. B. Rush, of Salem, Ohio, was a victim of cholera during the epidemic of 1849, and his cure by Dr. Dake was the means of his becoming a convert to Homœopathy. With Dr. Farrington, he believed that fear should be banished from the sick room, and he purposed, should we have an epidemic, to boldly prepare for the work. He at least should not follow the example of a certain doctor who examined his patients through an intervening window.

Dr. L. H. Willard, advocated the homœopathic treatment of the disease and the use of the usual remedies especially Camphor.

The subject of nasal catarrh was next discussed, and as a general thing it was considered one of the most unsatisfactory to treat. The report of the bureau of Materia Medica was next received and the following papers were presented: "Remarks on Defective Provings as Recorded in our Materia Medica," by H. N. Martin, M. D., Philadelphia; "Purpura Hæmorrhagica as an effect of Rhus tox," by R. C. Allen, M. D., Philadelphia; "Special Therapia: Alumina," by E. Fornais, M. D., Philadelphia; "Drugs Affecting the Occiput," by the Hahnemann Club, Philadelphia. The papers were discussed by Drs. Van Artsdalen, J. C. Guernsey and J. E. James.

The following supplementary report of the committee on the President's address was offered by Dr. Guernsey, of Philadelphia:

Moved, that while we endorse the plans adopted at the recent meeting of the American Institute, for the revision of the Materia Medica, yet believing in the efficacy of the higher dilutions and triturations in the treatment of the sick, we regret the rejection of all provings and clinical confirmations of drugs above the 12th decimal (unless confirmed by the lower dilutions), and accept the plan as the only alternative by which we could have the work done.

Dr. James of Philadelphia, opposed the resolution, stating that it conflicted with the report of the British Homœopathic Society, and the American Institute of Homœopathy, and to adopt it would probably create ill-feeling. He hoped the resolution would be withdrawn, but in case it was not he would be compelled to move that it be tabled.

Dr. Guernsey insisted that his motion involved a matter of principle, of conscience, and if it were tabled there would certainly be a minority report on the President's address.

The motion to table was declared carried, when Dr.

Guernsey appealed for a rising vote. He felt assured there would not be unanimity, for the reason that at least one gentleman present, Dr. Farrington, had joined in the opposition to the revision of the Materia Medica in question when it was being considered before the American Institute.

A rising vote was taken, and the resolution carried by a vote of 15 to 8. [This report having been tabled by a vote of 15 to 8, we, the undersigned, feel in conscience bound to dissent from such action. J. C. Guernsey, E. A. Farrington, E. Cranch.] No action, other than to receive the report was taken or demanded.

Dr. James explained that his motion to table was not necessarily based on disagreement with Dr. Guernsey's views; but was suggested simply by the desire that action antagonistic to the British and American societies should not be taken except in a full meeting.

The report on gynecology was presented by Millie J. Chapman, M. D., who read a paper on "Prophylaxis for Women." A volunteer paper was read by Dr. Z. T. Miller, of the South Side on a peculiar case of sterility. The case elicited quite a discussion between the doctor and C. P. Seip, M. D., of Penn avenue, and others. Dr. C. H. Hoffman, Pittsburg, was appointed chairman of the bureau for the ensuing year. The final report of the board of censors was presented. Dr. Harris, of Wilkinsburg, was elected a member of the society. Philadelphia was selected as the next place of meeting, by invitation of Dr. James. The election of officers resulted in the unanimous election of John E. James, M. D., of Philadelphia, as president for the ensuing year. The doctor thanked the society for the honor, and hoped he would meet them all in Philadelphia next year. For first vice-president, David Cowley, M. D., of Pittsburg; for second vice-president, J. K. Lee, M. D., of Johnstown; recording secretary, C. Bartlett, M. D., Philadelphia; corresponding secretary, R. E. Caruthers, M. D., Allegheny City; treasurer, J. F.

Cooper, of Allegheny, was re-elected; necrologist, Dr. W. R. Childs, Pittsburg. After the appointment of the several committees the society adjourned to meet in Philadelphia next year.

The chairmen for the remainder of the Bureaus for 1885 are as follows: O. & O., H. F. Ivins, M. D., Philadelphia; Pathology, W. C. Goodno, M. D., Philadelphia; Surgery, C. M. Thomas, M. D., Philadelphia; Pædology, C. S. Middleton, M. D., Philadelphia; Materia Medica, Ed. Fornias, M. D., Philadelphia.

CENTRAL MICHIGAN SOCIETY.

THE CENTRAL MICHIGAN HOMŒOPATHIC SOCIETY met at Jackson, October 21, Dr. L. M. Jones in the chair. Minutes of the last meeting were read and approved. On motion, Dr. L. M. Jones was made chairman and Dr. Ambrose secretary for present meeting. On motion of Dr. Brown, the secretary was instructed to notify the physicians of the State of the next meeting. The regular order of business was then announced by the chairman.

Dr. J. R. Hyde, Eaton Rapids, presented a typical case of fever, of which they were having an epidemic and asked for a name. Patients attacked had some symptoms of remittent, some of typhoid. Temperature and pulse not high, not always confined to bed, and not having the typhoid tongue. If did not succeed in breaking the fever in five days, would usually run twenty-one and attended with slow convalescence. Had found milk diet to agree. No deaths. After some discussion the general opinion was that was it of a typho-malarial type.

Dr. Kreidler, Jackson, presented the following case of

VOMITING OF PREGNANCY.

Pulsatilla, a verification. Mrs. K—., aged about twenty years, of small stature with light brown hair and blue eyes, nervous temperament, rather timid and retiring in her

nature, consulted me on July 7th last—being between two and three months pregnant—for excessive vomiting. While narrating her symptoms could not refrain from crying which she told me was impossible for her to control. Said she felt perfectly silly as she cried about any little circumstance, no matter how frivolous, and that her nausea was as bad one time of day as another, followed usually by vomiting. She received Pulsatilla[200] with instructions to take it every two or three hours until better. On July 14th, just one week from first call at my office, she reported herself as feeling perfectly well and said she had not vomited once nor even had nausea, since beginning to take the medicine. The lachrymose condition had also disappeared.

The paper was discussed by Drs. Brown, Hyde and Town.

Dr. Town, Jackson, reported a case of morning sickness attended with *spitting*, no *vomiting*; relieved by Bismuth. He also reported a case of metastasis to brain following a local application to the knee in rheumatism.

Dr. Ambrose, Hanover, read a paper on bronchial catarrh.

Dr. Hartson, Coldwater, presented a case of traumatic hemorrhage of urinary organs which was controlled by Gallic Acid.

Dr. Brown, Jackson, presented a very interesting case of

INTRA-CRANIAL TUMOR WITH PATHOLOGICAL SPECIMEN.

S. A. Bishop, age about 37; been married about 14 years. Complained of severe left-sided headaches for five or six years, more or less. June 9, 1883, first called on me for relief from deafness.

There was evidence of catarrhal inflammation in middle ear, both sides, and in addition, the left ear was nearly if not quite totally deaf. I only saw him once or twice about this time. The next visit from him was Sept. 5th. He now consulted me principally because of failure of eyesight. I now regret very much that I did not keep very accurate

notes of this case; but as I did not I must be as accurate as possible from memory.

Eye-sight had been failing rapidly for a month or two. Had already consulted Dr. Frothingham of Ann Arbor, as well as two of the most prominent physicians of this city.

Dr. Frothingham's diagnosis, he told me, was Bright's disease, the others diagnosed something else. I examined the urine, but found no albumen. At the same time made an ophthalmoscopic examination. The fundus exhibited evidences of optic neuritis, but not of a typical Retinitis Brightii. At the first examination I gave no decided opinion, I supposed of course that the eminent Ann Arbor man was correct. I thought that probably at his examination he did find albumen, and other symptoms sufficient to warrant him in diagnosing the case one of nephritis.

After I had examined the man two or three times, and found the urine entirely free from albumen, as well as other symptoms of kidney disease, I took occasion to disagree with Dr. Frothingham.

Of course I was called upon for an opinion, when I signified my disagreement with previous diagnoses, and pronounced it a case of intra-cranial tumor. I will now state why I arrived at this conclusion. As before stated, the patient had had severe left-sided headaches for some years; memory had been failing; hearing had failed in left ear, and finally the ear had become totally deaf; eye-sight had been failing for about two months; the ophthalmoscope showed that there was present, optic neuritis, (wooly disk, so called); he had vertigo by times, and once, at least fell down; when walking with his wife, and when he had hold of her arm, he was constantly pulling off to the right; when pointing at an object that he could see across the room, he pointed to the right of it, etc. etc.

The most prominent symptoms of nephritis were absent; such as albumen in urine; attacks of gastric trouble; heart derangements; œdema; bronchitis, etc.

I did not see patient from Nov. 1883, from which time he was unable to visit my office, until after his death, which took place Sept. 12th, 1884. I learned however, from the family that his symptoms continued about the same, with the exception of growing worse till death. He became entirely blind; had spells of violent delirium; and finally for about four weeks before death he was unconscious most of the time; lying in bed with the head drawn back. The bowels were quite regular up to about the last two months, I think, when they became obstinately constipated, sometimes not moving for a great many days at a time. Then this condition passed away and they were very loose. Death was followed by a post mortem examination, which was made the same evening; he died about 3 P. M.

The first thing encountered, abnormal in nature, after removing the calvarium, was a series of small growths from the dura-mater, over the left cerebral hemisphere. These small growths resembled a lot of warts in general appearance. They had caused absorption of the skull over each one; some of them penetrating through to the pericranium. The top of the skull on the left side when viewed from within, had the appearance as if it had been fired into with a gun loaded with shot.

After removal of the dura-mater, the vessels traversing the sulci of the cerebrum were seen to be very much engorged—venous engorgment. The sinuses of the brain were found filled with serous exudation, I should say there was at least one-half pint of "water" found therin. Beneath the middle cerebral lobe and lying on the petrous portion of the temporal bone, of the left side, was found a tumor about the size of a bantam's egg.

The pressure from the tumor had caused absorption of that portion of the bone in the region of the meatus-auditorious internus, hence destruction of the auditory nerve, and with it the power of hearing on that side.

The optic neuritis, and subsequent blindness, were un-

doubtedly caused by the effusion and pressure of the fluid into the sub-arachnoid spaces, and thence into the sheath of the optic nerve. Any so called coarse disease of the brain may have as one of its complications optic neuritis.

After discussing this case the society adjourned to meet at the Hibbard House, Jackson, the third Tuesday in Jan. 1885.

PATHOLOGY.

KOCH'S BACILLI OF CHOLERA.

ROLLIN R. GREGG, M. D., Buffalo, N. Y.

The August number of the New York *Medical Times* contains the following description of Koch's assumed cholera bacillus: "It is described as slightly curved like a comma, or even more so, in the form of a semi-circle. In the cultivations of these comma bacilli, S formed figures arise, and more or less long slight wavy lines made up of two or a large number of these bacilli, which by continued increase have remained connected." I have been looking several months for an accurate description of the so-called cholera bacilli, but this is the first that has come under my notice. Now, I have seen thousands upon thousands of these assumed bacilli in numerous successive experiments with perfectly fresh fibrin stirred out of healthy bullock's blood, and put in distilled water a few days to rot. Language could not give a more accurate description of what I have seen in that way many times, than the two sentences I have quoted describing the cholera bacilli. What can all this mean then, but that a mistake has been made in some way, or a too hasty conclusion drawn by the advocates of the cholera bacilli? Certainly what I saw in rotting fibrin from the blood of the healthy ox were not cholera germs. And nature does not repeat herself in identical forms in two different departments of her work, the one being

healthy fibrin under decay and the other disease producing germs.

June 15, 1884, I published a paper entitled the "Revelations of Fibin," in which was given the following language, describing the so-called spiral bacteria obtained from spiral threads of fibrin broken up by rotting: "Many of them were of the shape of a long and narrow letter S, while others had more spiral twists in them, extending out to what appeared under the power used to be from a quarter to half an inch in length and a few three-fourths of an inch or more in extent." Also this: "With the spirals, sometimes one end will break off in a short crook, or those of the shape of the letter S will break in two in the middle, and then it is amusing to see the awkward movements or attempt at movements of such pieces." When the end of a spiral thread of fibrin breaks off "in a short crook" this will be almost identical in form with the comma; and when the S-formed pieces break in two in the middle they give the "semi-circles" described by the *Medical Times*. The semi-circles breaking in two as they commonly do, each furnishes two comma-shaped pieces. The "long slight wavy lines made up of two or a larger number of these bacilli" are the longer pieces of the spiral threads of fibrin, two, three or more times the length of the S-formed pieces; and instead of having "remained connected by continued increase" as the *Times* says, they had not yet parted under the rotting. Their point or points of separation were often to be seen by their being partly broken at such points; and especially when they were in motion the two parts would be seen to bend much more readily at those points. I have seen hundreds and thousands of these appearances in the rotting of healthy fibrin.

Next it should be borne in mind that my experiments were made last autumn before Dr. Koch went to India after his cholera bacilli, that my paper describing my investigations was written last winter six months before I had seen the

slightest description of these bacilli, and was finally published six weeks before the article quoted from the *Medical Times* appeared; so there is not the slightest chance for saying that my work or the description of what I found was an after consideration or that the language was strained to correspond with something that preceded. I was describing as accurately as I could what I saw many dozens of times in many successive experiments; and the fact that I found the same identical forms and all of them in such great numbers, exactly as Koch subsequently described what he found in an entirely different line of investigation is certainly very significant. And here let me say that there is no mistaking the various appearances of fibrin when one becomes familiar with them. There is nothing else like the threads of fibrin in their healthy organization; there is nothing else like the rods that break out from its straight threads under rotting or disease; there is nothing else like the spirals that break out from its spiral threads under similar agencies; there is nothing else like the granules of fibrin into which such rods and spirals ultimately break down; and finally there is nothing else in all nature that goes to pieces under disintegration as fibrin does. The lines of demarcation are as distinct at every step from everything else as they possibly could be. As I have already said, "nature does not repeat herself in identical forms in two different departments of her work, the one being healthy fibrin under decay, and the other disease-producing germs." Hence, as I was certainly dealing with fibrin, Dr. Koch must also have been dealing with the same in the identical forms which he found.

But it may be asked: Where did the fibrin come from to furnish the forms of it that Koch found in water tanks and in the evacuations of cholera patients, if those forms were fibrin? Nothing is easier to answer. All vegetable matter as well as all animal matter contains fibrin. All insect life is especially full of it, and so do all the minute

plants, mosses, etc., of stagnant water, contain it. It is the matrix (or as we call it in cancers, the stroma) of all organic life. Then as the plants and insects of stagnant water are so short lived (the generations succeeding each other so rapidly, dying and going to decay) they furnish the broken fibrin in abundance to be found as Koch found it therein. The characteristic cholera discharges are the serum of the blood, containing its full amount of fibrin; hence here the presence of fibrin is inevitable, and under the congestion of blood to the vessels of the small intestines, there to part with so much of its water and fibrin, the latter takes the forms described, under the effects that disease works upon it. It seems to me that no one who carefully investigates all the points, with these facts in view, will be able to successfully dispute the positions here taken.

In conclusion it may not be out of place to consider the results of the prevailing method of treating cholera in the present epidemic in Europe. Precisely the same ratio of deaths to the number attacked occurs now that did when it first appeared there over fifty years ago. The pretended discovery of its germs has not made the slightest difference in the results of treatment, as we have seen by the foregoing it could not. Our consul at Marseilles reports that "notwithstanding all progress in medical science and the very perfect arrangements for collecting and treating the victims of the scourge, more than two-thirds of those attacked have died, even during the first fortnight of the epidemic, when all sanitary conditions were most favorable. These two facts, the almost immediate transmission of the disease from Toulon to Marseilles, and the enormous death rate of seventy per cent. in the earliest stage of the epidemic, seem to prove that sanitary science and medical skill have made but little substantial progress in dealing with Asiatic cholera." In short, whatever may be said of sanitary science in other fields, allopathic medical skill as

applied in the present epidemic in Europe has not made the slightest progress since the first appearance of cholera in Orenburg, Russia, in 1823. What a comment on the boasted progress of old school medicine. There must be, and as Homœopathists, we know there is a better way.

PASTEUR ON KOCH.

"We published yesterday," writes the *Figaro* of the 13th of July, "a translation of the *mémoire* sent by Dr. Koch to the mayor of Toulon.

"This document, which is obviously not in accord with the instructions previously published by the consulting committee of hygiene, has caused a certain amount of sensation in public opinion. As we are already but too inclined to be scared, it was desirable to obtain the advice of the French *savant* before adopting the statement of the German doctor. M. Pasteur, to whom we addressed ourselves, has honored us by formulating his views in a note, which we reproduce here.

"'All the prophylactic measures against cholera which have been made known to us through the press as having been prescribed by Dr. Koch at Marseilles and Toulon, are precisely those which have been recognized ever since now long ago it was demonstrated that cholera was transmitted principally by the dejections of choleraic subjects. There is, however, a point entirely new in the instructions of Dr. Koch. He condemns the watering of streets, the flushing of gutters, and, in fact, asserts that all causes of dampness are favorable to the propagation of the epidemic. We cannot really share this view. In the dust of a street, of a pavement, of a room, of soiled and dry linen, the choleraic microbes exist; if these microbes are so dessicated as to have lost all vitality, no amount of watering will restore them. If, on the other hand, their state of dessication is of such a nature that humidity would favor their revival, it cannot

but be useful to moisten them, as they will be then less liable to be carried about as dust by the wind. Thus, if they were left in that state of dryness which has not yet killed them, the least movement might bring them in contact with our mucous membrane, where they would find the humidity necessary to their life.

"'The logic of this reasoning appears to us incontestable, and proves to us the shallowness of the opinion of Dr. Koch. Who would dare to enter—either to sleep or eat—a room, where there had been a deceased choleraic patient in which have been hung up for several days (with microbes in a state of dessication upon them) linen or clothing soiled by the patient?'

"To complete this argumentation, which does not seem to us to require any comment, the illustrious *savant* has pointed out to us, personally several critics whom he believed would favor Dr. Koch's views.

"'The objects soiled by the dejections should be cleaned with dry linen, which must be burned afterwards, says the report. This appears to me impracticable. We very insufficiently clean a vase or a piece of furniture when using a dry cloth; but it is not possible in this way to clean a sheet or a towel. However that may be, the linen, previously dry, will become wet, so that the danger will have but changed its place.

"'Burn it, is added. There again my opinion is different. One is aware that in burning linen, not yet consumed portions may become detached, and are liable to fly about the apartment. I much prefer the linen being plunged into boiling water—the result is the same.

"'In fine, Dr. Koch recommends 'that the apartment where the choleraic patients have resided should be uninhabited during a period of six days.' Why six days? On what can one base the opinion that danger does not exist on the seventh day? This theory enters the domain of suppositions,

"'It is evident that the system adopted by Dr. Koch is based only on very vague grounds. He is wanting in the clearness and logic and, if I may say so, in the sincerity which has been marked in the instructions of the committee of hygiene.'

"We act, therefore, very prudently in attaching very little importance to it. To speak frankly, we have made a gross blunder in asking Dr. Koch for his advice. What! We have Pasteur, we have Fauvel, Brouardel, Proust, Strauss, Roux, and a hundred other eminent practitioners, and yet we consult a German doctor who seems to have come to us only to have a vest cut out for himself from the lining of M. Pasteur's paletot. Chivalresque sentiments are all very well, but sometimes they become very absurd. We have warmly welcomed the Berlin *savant*, we have aided him in following out his humane researches, and we have delicately made him feel that his nationality was effaced before his high mission. These are sentiments which do honor to the French character, and it is not the *Figaro* that will ever criticise them. But, where was the necessity, we ask, for soliciting him for a contradictory opinion of which we stood in no need?" *Homœopathic Review.*

SELECTIONS.

A SAD PICTURE.

The *N. Y. Graphic* thus sketches a modern doctor. As the picture does not fit a Homœopath, we leave the reader to select the original. It tells its own story:

Doctors were invented to repair the damages which man brings or commits on himself. Sometimes the damages committed by the doctor are as great as those he tries to repair. But this makes little difference in the amount of the doctor's bill for damages.

When a doctor finds out any new thing which will cure

folks, and uses it, all the other doctors turn to and abuse him for it.

Doctors go to school many years learning to prescribe for diseases. Druggists put up the prescriptions. The public take the prescriptions and put up both with the doctors and the druggists. Some think it is a "put up job" between the doctors and the druggists.

About once in 20 years the doctors re-label all the old complaints and give them new names. Thirty odd years ago pneumonia was "lung fever," and sciatica plain "rheumatiz." But complaints with these old-fashioned English names are bad for the doctors. People get too well acquainted with them and then they learn to cure themselves. When the doctors find them out they re-christen the whole lot. This is done by charging a gun full of Greek and Latin words and firing into the old complaints. When a shot hits, the name sticks. The sick are frightened when they are told that these words are the matter with them and think something new and awful has got them. When a doctor has tried to cure a sick man and can't, he tells him he's got "malaria." Nothing readily cures malaria in New York but dying.

Doctors usually disagree, and the more there are of them the more do they disagree. No dozen of doctors ever yet agreed entirely upon a man's complaint—unless he was drowned or blew his brains out. Every few years the doctors find out that something they used to do is entirely wrong and likely to kill more than cure. But they stick up just the same for what ever they are doing now.

Rich folks do not hire poor doctors to cure them. A doctor to cure rich folks must live in a fashionable street, an expensive house and keep up some style. Its not the street, nor the house, nor the style, though, that cures the patient, and if the doctor happens to lack brains its sometimes supposed that accident or nature cures them—if they're cured.

Women are often fond of doctors, because if a woman thinks anything is the matter with her she wants her medical adviser to think so too, and she wants to try and be cured in the most fashionable and expensive manner. A coarse, common, unfashionable doctor might tell a woman that her corsets were cutting her in two; that her lungs and other articles thereabouts were being squeezed too much together, that her life indoors was that of a human hothouse plant; that all the medicine yet to be mixed and made could not cure her, and that in fact, she was too far gone in this sort of sin and wickedness ever to be a well woman. This might make her really ill. Would a "skilled physician" make his patient ill? Oh, no. He will humor them and humor their complaints, and give them all the medicine they want, and put in his regular bill and pocket the cash and step out of the house rejoicing, and wink at the rich druggist on the corner as he goes by.

THE QUESTION OF THE EXEMPTION OF A PHYSICIAN'S PROPERTY FROM SEIZURE FOR DEBT.

A New Hampshire physician was unfortunate enough to fall into debt and have judgments entered against him. The creditors naturally tried to obtain payment by issuing execution, and among the articles levied on by the sheriff were the physician's wagon and harness. The New Hampshire law says that such articles as are "tools of a person's occupation" can not be seized and sold under an execution. The physician maintained that his wagon and harness came under this designation, and tried to recover them from the sheriff. The Court, in deciding the question, which is an important one, does not settle the particular case, but refers it to a jury. The legal principles involved are of interest, and we quote from the decision as follows:

"The Court can not say, as a matter of law, that a wagon or a harness is a tool of a physician's calling, and so exempt

to all physicians; nor can they say that it is not such a tool. The most that can be said, as a matter of law, is, that it may be a tool of his profession if, in the particular case, it is reasonably necessary for him to use it as a tool. If it should appear that his practice was confined to his office, or that he was a physician or surgeon in a hospital, attending to no cases outside of the institution, or that he was a surgeon on ship-board, or that he went on foot or on horseback, or on the cars, to visit his patients, a wagon and harness would not be exempt under our statute, because they would be of no use to him as tools in his practice. They might be of use to him in other respects, as in going to church, or in carrying his children to school, or in visiting friends, or as a means of recreation and pleasure; but these uses are manifestly not within the legitimate scope of the technical duty of a physician. Not coming within the strict definition of the term tools, and not being reasonably necessary as tools for him in his practice of his profession, they would not be tools within the meaning of the statute, and so would not be exempt as such. But if it should be found that the physician claiming the exemption could not practice his profession with reasonable success without a team with which to visit his patients; that he was located in a country town, for example, where it was necessary for him to ride a large part of the time in order to accomplish anything professionally, a wagon and harness might properly be found to be reasonably necessary for him as tools of his occupation. But the finding would be one of fact, so far as the reasonableness of the use is concerned; and it could not be said that these articles are exempt to every physician, or to physicians generally, but only to the debtor in the particular case. If there is any doubt whether an article claimed to be exempt from attachment is a tool under the statute, the question should be submitted to the jury whether its use as a tool by the debtor in his business is reasonably necessary. If it is, it is exempt; otherwise, it is not exempt.

MISCELLANEOUS.

DRIFTING TOGETHER.

A. A. WHIPPLE, M. D., Quincy, Illinois.

Much has been said and written lately about the two school of medicine drifting together; tearing down of partition walls, etc. As evidence of this I will cite you the history of a case which recently came to my knowledge in this city.

One of our prominent physicians, who sails under the banner of Homœopathy, was reported a few evenings since at the point of death.

His attending physician (an Allopath) diagnosed a ruptured cerebral artery (apoplexia) and gave an unfavorable prognosis. The inside or true history of the case is this: The doctor feeling some headache, and being one of the progressive kind, concluded phlebotomy was indicated and sent for a barber to come and bleed him. After the tonsorial artist had performed that duty and returned to his shop, the doctor, reasoning on the case as he usually does in the practice of medicine, concluded if a little was good, more would be better, took it upon himself to re-open the vein. The result was syncope. In this condition he was reported to be dying from cerebral apoplexia, but thanks be given to his skilled medical attendant, the barber and the leeches which were applied to the scalp, the good doctor still lives. Who can say we are not drifting together?

CLINICAL.

CLINICAL MEDICINE CONTINUED.

H. N. GUERNSEY, M. D., Philadelphia, Pennsylvania.

ARSENICUM, *in Scald-head.* Some time since I was called upon to treat a child with a most inveterate scald-

head. The entire scalp was dry and scaly, and presented a very dirty and unsightly appearance. The child also had a bad diarrhœa; stool thin and watery, consisting largely of undigested food, of a very pale color and offensive, putrid odor. There was great emaciation, restless, sleepless nights, and altogether the case presented a very unfavorable appearance. The child had been attended by a so-called homœopathic physician who pronounced it to be a case of liver complaint, which he must first cure and then he would cure the diseased scalp. Only one disease at a time.

To the scientific prescriber this case is very clear. It is very plain that only one remedy is demanded, and that remedy Arsenicum, which the child received in a very high potency; soon the patient began to sleep better at night, then became more cheerful and happy during the day, the diarrhœa improved as the stools become more and more natural, the child gained flesh, the complexion cleared up, and last of all the scalp got well, and in a few months became well covered with hair of which it had been nearly denuded. No other medicine was given and but four doses of this one and that at long intervals. We did not wait to cure the "liver complaint" before we could prescribe for the "diseased scalp." That is not Hahnemann's plan and many professed Homœopaths fail to cure their patients in consequence.

LACHESIS, *in Pharyngitis.* A large number of cases presenting the following characteristics, are curable with this remedy. Hawking and spitting of mucus, pus, streaks of blood, or bloody mucus, or bloody pus. The sensation is not one of perfect relief after expectoration but a sensation as if more secretion remains unexpectorated; can't get it all away, either by swallowing or expectorating. On sleeping one always awakens with a sensation as if the parts in the throat were very dry and very sore. Always feels better after eating or drinking or lubricating the throat with

saliva. Always feels worse by sleeping. Is frequently awakened from sleep by this dry and sore feeling in the throat, apparently produced in sleep. There is often found much emaciation, discouragement, sure they will die, great debility. *Lachesis* very high and repeated if necessary at long intervals, of one or two weeks will cure these cases even in a very advanced stage. No local treatment should be allowed. No gargles save milk and water in equal parts if the patient must have something for a little amelioration. The remedy must not be repeated too often and not at all so long as improvement continues.

ACETIC ACID, *in Typhoid and other Fevers.* Fever with violent delirium, incoherrent talking, diarrhœa, pain in the abdomen and rumbling of flatulence. Also typhus with stupor, muttering, tympanitic abdomen, constipation or diarrhœa. Slow putrid fever with night sweats. Intense thirst for water together with the passing of large quantities of urine.

Stupor, interrupted by delirious talking. Vomiting of nourishment. Complains much of the stomach as if there were an ulcer or very sore spot inside. The breathing is often much oppressed. Lower extremities are often swollen. Is often found lying on the abdomen for relief. Disposed to spring out of bed during delirium. Very great prostration. I have never used this invaluable remedy lower than in the thirtieth potency.

ACETIC ACID, *in Diarrhœa.* Great thirst and passing large quantities of urine. Stools undigested and liquid. Complains of much pain in stomach and abdomen. Water does not seem to disagree as in Arsenicum. Emaciation, restlessness and sleepless nights. Swelling of feet and legs. Very weak. The patient often lies on abdomen to obtain relief. One dose of the thirtieth often works a complete cure in a week or ten days.

VERIFICATIONS.

CLARENCE L. PUTNAM, M. D., Moorhead, Minn.

Noticing several verifications in the Sept. number of the *Advance*, reminded me of some cases in my own experience. I am yet a "young doctor" and began practice with a feeling of distrust of potencies. I had of course received the usual college training on that point, but yet like many I could not "swallow" high dilutions. From my old preceptor—a man of 18 years experience—I had received a draft of potencies from the 30th to 40m, and determined at the first opportunity to test them. My first was as follows:

CASE I.—*Bryonia.* Mrs. H.—æt. 28, mother of one child, large, muscular; brunette. Came to me saying she was afraid she had consumption. Had been treated for the past four or five years by old school physicians, and came to me at her husband's request, but with a fixed notion that I could not do her any good. So I had no "faith" to help me out. She said she had a very sharp stitching pain under the sternum and a trifle to the left. That it hurt her most nights when in bed. That on motion of the arms or chest it felt as though something was tearing in the chest. She was a member of a choir, alto singer, but had hard work to breathe, it hurt so. Was troubled very much with a dull frontal headache, coming down into the eyes, felt more in the morning after getting up. Was worse from walking or moving the eyes. Always had a bad taste in the morning with a brown coated tongue. Did not sleep well and when asked why, said "I am working so hard at my daily labor even in sleep." There was tenderness on the right side in the region of the liver; constipation with large, hard, dry stools. She had an attack of pleurisy several years ago, and since had always felt that pain in the chest. A careful examination of the lungs failed to reveal even a trace of lung trouble. She had a slight cough at

times, but it was purely bronchial. Here then was a chronic case with *Bryonia* perfectly indicated and I proposed to see what "potency" would do. I therefore gave her one dose of *Bryonia*^{200}, and a placebo to take home with her. At the end of a week she was much improved; Sac. lac. continued. In three weeks she did a large washing, and walked over three miles one day. She then came back to me with the old trouble worse than ever. Thinking the working in water had done it I prescribed *Rhus.*^{3}. No improvement. In three days changed prescription to *Bryonia*^{3} and patient began to grow worse. This continued for another week, when I determined to once more try *Bryonia*^{200}. To my surprise and relief improvement set in at once and has steadily continued. She has not felt the old pain in her chest for over seven months and is as she says "as well as ever."

CASE II.—*Arnica.* Mrs. L. -æt. 20, mother of one child, a short, slender brunette. Complained of pain in the back about the middle of the dorsal region. Found the region of the liver tender to pressure and somewhat enlarged. Pain "ran through to right shoulder blade." *Prescribed Chelidonium*^{3}. This relieved the last named trouble. The tenderness over the liver decreased very much, yet the pain in the back remained. She said she was well in every other respect. *Nux vom.* was given. No change. On questioning her one day I asked if she had ever received a severe injury there; if she had ever fallen on her back. Upon thinking of it she said yes, she had fallen several years ago while skating and had hurt her back, but had not thought of it since. With this clue and as an experiment I prescribed one dose of *Arnica*^{200}, and Sac. lac. to take with her. This, at once relieved her, and although she has had returns of the liver trouble yet that old pain in the back has not returned for now four months.

These two cases will illustrate my general experience. I began practice with "2x" on the corks in my case. Now

in a year and a half you will find many marked "6." "12" "30" and "200." To my young brother practitioner I can truly say, do not despise the higher potencies for they are a God-send to us many, many times.

ECZEMA ET CHRONIC DIARRHŒA.

August 20, 1883: For some time past, M. A. has been troubled with a bright-red rash, scarcely elevated above the skin. It occurs in patches all over the body, is aggravated during the day, on becoming heated, and most intolerable when sweating. Burning, stinging pains. Scratching aggravates and produces watery vesicles; scratching any where on the body will cause the rash to appear. *Apis*[3].

August 27: Better in some respects. Has no trouble during the day. Warmth of evening fire causes itching; also warmth of bed. Wakes up every little while, turns over and scratches, then can go to sleep again. The eruption is small, sharp-pointed, dark red at apex and fades out with no inflammation at its base, worse in bends of elbows and on hairy parts of the chest. Scratching causes watery vesicles as before. *Rhus*[3].

September 3: Rash better. Is troubled with chronic diarrhœa contracted in the army, but which had been suppressed some two or three months previous to his consulting me, as it had been many times before by learned (?) gentlemen of the dominant school. It occurs at night coming on about midnight and lasting till morning. He is restless, thirsty, but does not drink much at a time. Stools scanty, watery, very frequent, with tenesmus and burning in the anus "like a coal of fire" as he expresses it.

After I was through taking the case he assured me that this attack was in every respect like the one he had when first taken. *Ars.*[30].

September 5: Better; had to get up only twice during the night.

September 8: Reports himself nearly well.

September 18: A large boil with eight fistulous openings had made its appearance just below the lower border of the glutæus maximus on the back part of the left thigh, intensely painful, with dark, purplish border around the edges of these openings and much inflammation at its base. At time my attention was called to this one, another, with the same characteristic appearance, only much smaller, was coming on the ankle joint near the external malleolus on the same side. *Lachesis*[30].

One dose speedily ended the trouble, and to-day (February 16, 1884) he reports himself in better health than he has been for many years.

EDITORIAL.

"SOME NEW ATTRACTIONS."—Under this caption the *New England Medical Monthly*, in the October issue, indulges in a little harmless sarcasm in reference especially to the discovery by Dr. Hering of the prophylactic virtues of sulphur in Asiatic cholera. This is about as near the *truth* or the *facts* of the case as these scientific (?) gentlemen ever come. He says: "It is with feelings of mortification that we learn the fact that to a member of the same school belongs the credit of having discovered a remedy for cholera. In comparison with his investigations those of Koch, Pasteur and others fade into insignificance. A Dr. Hering has established the fact that a half drachm of the flowers of sulphur worn in the foot of each stocking is a sure preventive of this disease, and that one clad, as it were, in this sanitary armor may walk unscathed through the very hotbeds of the disease. Any lingering doubts as to the efficacy of this method are dispelled by the fact that while the doctor, who lives somewhere in England, has not had for the last six months a single death from cholera in his practice

—a large number of the Egyptians, who, unfortunately, had no stockings and were therefore unable to apply the remedy succumbed to the disease." Many of our readers will be surprised to learn that Dr. Hering "lives somewhere in England." Dr. Hering was searching for a cholera preventive, but like Hahnemann, he had too much respect for science to do it in the hap-hazard, guessing fashion of our brethern of boasted attainments. Hering says: "In all zymotic diseases we have, as in other epidemics, to sum up all the symptoms of as many cases as we can examine properly, and concentrate their symptoms into one image, from which to select that remedy specific to the zymosis. Further, we have in all zymotic diseases or contagious epidemics, an additional rule to bear in mind, viz.: Take the most characteristic symptoms at the invasion, at the height of the disease, and lastly, during the decline of the disease; that is, during the recovery. These three points have to be covered by the characteristics of the drug. We may in this way find a preventive, 'prophylactic' or a medicine, which, if it cannot prevent altogether, will make all cases lighter and more readily curable. According to this rule, sulphur was found to correspond better than any other medicine to Asiatic Cholera of 1849, and Carbo vegetabilis to Yellow Fever of 1855." As corroborative of this scientific method of selecting a remedy for any epidemic, Dr. Morse contributes the following evidence: "In Memphis, in 1873, charcoal came much into favor as a prophylactic; and of more than fifty persons who took it and were constantly exposed to the fever, not one was attacked; the usual dose was half a teaspoonful of the crude powder, two or three times a day."

But in view of the present ravages of epidemic cholera in Paris, and the possible dark outlook for the coming summer, the following comparison of the difference between theory and practice in the treatment of this scourge may be of interest. Whether the practical observations of

Hering when compared with "Those of Koch, Pasteur and others fade into insignificance," remain to be seen.

THEORY OF KOCH AND PASTEUR.

The American consul at Marseilles sends the following encouraging report: "Notwithstanding all progress in medical science and the very perfect arrangements for collecting and treating the victims of the scourge, more than two-thirds of those attacked have died, even during the first fortnight of the epidemic, when all sanitary conditions were most favorable. These two facts, the almost immediate transmission of the disease from Toulon to Marseilles, and the enormous death rate of seventy per cent. in the earliest stage of the epidemic, seem to prove that sanitary science and medical skill have made but little substantial progress in dealing with Asiatic Cholera"

PRACTICE OF HAHNEMANN AND HERING.

A correspondent of the Scarboro *Evening News* thus writes of the remarkable success of the homœopathic treatment of Cholera: "Considerable attention is being given to the fact that the homœopathic doctors who have treated the scourge in accordance with Hahnemann's method have affected a remarkably large number of cures; and it would, indeed, appear that of several hundred people afflicted with Cholera at Cette, all of those treated by Homœopathy have recovered, whilst a large number of those treated by the usual methods have died. This is vouched for by Dr. Bouftier, of Cette, and by Prof. Fonssagrives, of the faculty of Montpelier, who tells us he has been converted to Homœopathy by the remarkable cures effected at Cette under his very eyes."

During this entire epidemic in Southern Europe, scientific (?) medicine aided by the boasted antiseptic treatment of the germ theory of Koch, has not made the slightest progress as compared with the success of the treatment of the first epidemic of cholera when it appeared in Orenburg, Russia, in 1823. Whatever may be claimed for sanitary science in other fields or other epidemics, it has signally failed to reduce the mortality here. A sad commentary on scientific (?) medicine, but the natural result of treating a theory instead of a patient.

POST-GRADUATE WORK.—We take this method of replying to several inquiries like the following regarding the advantages of post-graduate work, or the taking of a general review preparatory to a specialty:

Dear Doctor:—Have you ever taken post-graduate work? I am a graduate of Cleveland, 1875, and preparatory to a change of residence on account of climate, propose to take six months in a general review with special reference to diseases of women and children. I never practice surgery in any of its details. From your experience in college work any suggestions will be gladly received by yours truly * * *

A general or special review of the fundamental branches of medicine is always of benefit to either a general or special practitioner, if only for a six month's course. But the field is somewhat extensive, and it is extremely doubtful if any thing but the briefest review can be accomplished in that time. Anatomy, chemistry, histology, hygiene, microscopy, pathology, physiology, with their subdivisions constitute a formidable list. But for a specialty devoted to the non-surgical diseases of women and children, a review of histology, hygiene, microscopy and pathology would seem to be absolutely necessary, and to this must be added differential diagnosis as a complementary study. We have now reached the point where after ascertaining the disease, its nature, history and probable termination, we are called upon for an opinion as to its curability. Up to this point, both patient and physician are alike interested in ascertaining the name and nature of the affection; but now the interest of the patient appears to predominate. The reasonable demands of science having been satisfied, his anxiety centres in being cured of his ailments. There are many excellent colleges in which all the fundamental branches above enumerated can be acquired; but very many teach everything else except *how to cure.*

The first paragraph of the *Organon* says: "The physician's highest and *only* calling is to restore health to the sick, which is called Healing," and there is no better col-

lege to attend for either ante or post-graduate work than the one that honestly teaches "How to cure the sick." But if you cannot obtain this knowledge in a post-graduate school, you can get it at home by a careful study of that masterpiece of Hahnemann—the *Organon*. Homœopathy is an applied science; when misapplied or only partially applied it is not Homœopathy. This imperfect or unscientific application of the "Science of Therapeutics" is well illustrated in the method of examining the sick. How few of our colleges teach it, or how few of our practitioners apply it as laid down in paragraph 83, etc., of the *Organon*, where Hahnemann gives us the following rules for the examination of a patient:

"*a.* Let the patient or friends tell their own story without interruption.

b. Write it down in separate symptoms.

c. Complete it by questions and observations with regard to every function.

d. Never ask a question which must be answered yes or no. Consider yourself a tyro if you do it.

e. Inquire with regard to every single symptom; about place, time, kind of sensation, modalities and connections."

This done, Hahnemann says, *the most important has been accomplished.* But how few do it in this way.

The excuse is given that it is not practical; that in a large practice there is not time. But if we expect to cure as Hahnemann and Dunham did, we must do as they did, before we pronounce their method a failure. Science knows no such excuse. It is the plea of the "tired" and ignorant man. In the end it is labor-saving, and where health or even life is at stake, is it wise to neglect so simple yet necessary a *modus operandi*. There would be less need of post-graduate work if we followed our science as taught by that master of the art of healing. At least until we practice Homœpathy as we ought, not as we do, we should not complain of our failures.

Hering completes this picture when he advises us to "arrange the symptoms according to their importance. The beginner should do this in writing; the more practiced by underlining or extracting; the sufficiently experienced and skillful may do it in his mind as we do in mental calculations."

These are a few of the rules laid down for our guidance by those masters of the "Healing Art," and if we would attain the success we may by a strict adherence to the rules of the science, we must follow in their footsteps. Dunham says: "If the student should fall among false or incompetent teachers, could the doctrine and practice he learns be true and successful? Do grapes grow on thorns or figs on thistles?" After taking a very thorough course in pathology and knowing all there is be known of the germ theory of disease, he who says in a given case, "I have tried the Homœopathy of Hahnemann, Dunham and Hering, and it proved a failure," knows not what he says. Unless he publishes the facts of the case as laid down above that others may judge of his correctness he simply proclaims his own failure, nothing more.

But how can a specialist of the chronic non-surgical diseases of women and children expect to cure his cases, without the careful study of both the *Organon* and *Chronic Diseases?* After his post-graduate studies he must eventually come back to the fountain-head if he would achieve the highest attainable success.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly master of it becomes a crime."—*Hahnemann.*

NEW PUBLICATIONS.

MALARIA AND MALARIAL DISEASES. By George Sternberg. M. D., F. R. M. S. New York: William Wood & Co. Wood's Library for July, 1884.

This is a very excellent monograph, and is full of much information that is not easily accessible to the ordinary American student. It treats of a subject with which it cannot be said that

the average practitioner is any too familiar; and it has the advantage of being comprehensive and up to date. So great advance has been made in the study of this subject during the last few years, that no intelligent member of the profession can afford to be behind in his knowledge of the progress made.

HOOPER'S PHYSICIAN'S VADE MECUM; a manual of the principles and practice of physic, with an out-line of general pathology, therapeutics and hygiene. Tenth edition. Revised by Dr. W. A. Guy and Dr. John Harley. Vols I and II New York: William Wood & Co., 1884. Wood's Library for May and June, 1884.

This work has been before the professional public for a great many years, and since its author's death, has passed through the hands of several editors. It is a compendium of much that a practicing physician wishes to know in his actual routine of daily work, and it has the advantage of having in a small compass, many things that to obtain elsewhere would be difficult. It is a work that every physician who has not already a copy, should get immediately.

NORTH AMERICAN REVIEW.

When the tide is at the full, it turns. Our educational methods have been growing in system and severity, if not in perfection, for many years; and the demands upon the pupil have constantly increased, until the necessities for grading have become imperative, and the peculiarities of the individual are almost entirely ignored. It would seem impossible to carry this further, and any change now must be in some other direction. At this crisis, one of the brightest and most fearless of American writers comes forward with a strong argument against the whole system, a protest against the grading and cramming that take so much of the vitality out of the education we are giving to the rising generation. Edward Everett Hale, in the November number, makes a plea for "Half-Time in Schools," which every parent and every school board ought to consider seriously.

EDITOR'S TABLE.

DR. J. H. GALLINGER, of Concord, N. H., has been elected member of Congress.

I. H. A.—The next meeting of the International Hahnemannian Association will be held at the Globe Hotel, Syracuse, N. Y., Tuesday June 23rd, 1884, commencing at ten A. M. and continuing three days.

DIED.—It is with sincere regret we announce the death of Rachel Racey Biggar, eldest daughter of Professor H. F. Biggar, of Cleveland, Ohio, aged thirteen years and six months. Peritonitis.

DIED—At the residence of his brother-in-law, Maplewood, Ohio, Dr. Emery G. Watts, (class of '84, Pulte Medical College,) of consumption. Aged 23 years.

MARRIED—On Thursday evening Sep. 26, 1884, at the residence of the bride's parents by Rev. Adam Stump, J. O. Hoffman, M. D., (U. of M., '83) and Miss Kate Klugh, all of Dillsburg, Pa.

WILL G. H. Patchen, M. D., please define "Vibratory and Specialized Motion," or the *modus operandi* of applying it to the cases detailed in Oct. *Advance*, and oblige several interested readers?

C. S. FAHNSTOCK, M. D., of La Porte, Indiana, removes to St. Louis, Missouri, and becomes Professor of Principles and Practice of Surgery in the Homœopathic Medical College of Missouri. Prof. Parsons retains the chair of Operative Surgery.

A NEW BATH.—Physicians desirous of trying electricity in chronic cases will find Knowlton's universal bath almost indispensable. It is readily portable, and can be utilized as a family bath better than any with which we are acquainted.

MR. H. T. APPLEBY, of the Buffalo Pharmacy, has a very good chromo of Hahnemann. It was copied from an original oil painting at a cost, with frame, of $5.86 per copy. He will furnish them framed for $1.50, or on stretcher for 75c. At this low rate every office should contain this fine picture.

GENEROUS.—Wm. H. Vanderbilt has made the munificent donation of half a million dollars to the trustees of the College of Physicians and Surgeons of New York, for a building fund. A site including twenty-nine city lots at Sixty-eighth and Tenth avenue has been purchased and building will be begun at once.

GEORGE W. LAIRD, late of the firm of Kidder & Laird, and J. C. Cracknell, late chemist of the firm, have entered into partnership for the manufacture of fine pharmaceutical preparations at 44 Park Place, New York. Their new preparation, *Oleo-Chyle* (cod liver oil digested with pepsin and pancreatine), bids fair to be a popular remedy.

TEMPUS FUGIT: Our old friend, Dr. H. M. Logee, of Oxford, Ohio, recently celebrated his fiftieth birthday. In honor of the event Mrs. Logee gave a reception which was one of the society events of the season. The doctor is hale and hearty and apparently good for another fifty years of work in the common cause. We regret we were unable to accept.

J. P. Kent, M.D.

THE
MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

T. P. WILSON, M. D., EDITOR. PHIL PORTER, M. D., GYNECOLOGICAL EDITOR.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING CO., Ann Arbor, Mich.

H. C. ALLEN, M. D., Business Manager.

VOL. XV. ANN ARBOR, DECEMBER, 1884. NO. 6.

ORIGINAL CONTRIBUTIONS.

AN OBSCURE CASE.

J. W. DOWLING, M. D.,

Professor of Physical Diagnosis and Diseases of the Heart and Lungs, New York Homœopathic Medical College.

Some time since a gentleman presented himself at my office with a letter from a professional friend, requesting me to diagnose his case. I, with others in my waiting room, was struck with his peculiar death-like appearance: Tall, slender, pallid, jaundiced.

The history of the case was as follows: Married, aged 37; height, six feet; weight, 137 pounds. Family history, good; no taint of any kind. Personal history: As a child, healthy; aside from the diseases of childhood and scabies which he had "with all the boys in the neighborhood," at the age of twelve. This lasted for one year, and was finally cured with local applications. After this, perfectly well for several years until he entered the newspaper business, most of his work being done at night. Then became nervous; had dyspepsia, belching of wind, "water brash," occa-

sional vomiting, and almost constant nausea, with severe headache, mainly in the region of the right parietal bone; all brought on, as he believes, by hard and steady night work, too little sleep, irregular eating, etc. This condition lasted till 1873, and during this period he had no serious illness confining him to the house. He then engaged in day work, and improved materially in health, and continued well aside from occasional attacks of dyspepsia, till two years ago.

During the summer and fall of 1882, his regular work was unusually pressing, in addition to which he had all the annoyance and bother of building a house, in a location now considered miasmatic. During this time slept in an inside room connecting with water closet and bath-room. In the fall was very much reduced in flesh and strength, was extremely nervous. Had a severe bronchitis which lasted several weeks. On his recovery first noticed a jaundiced discoloration of his face. Stools natural in color, small in quantity and soft, but not liquid. He was exceeding nervous, and his nervousness "seemed to centre in the pit of his stomach." This was accompanied by a violent throbbing in the same locality with shortness of breath on the slightest exertion. He seemed to be steadily growing worse. At this time he was under the treatment of one of our most skillful physicians, who prescribed acids in large quantities. Later he tried the Swedish movement cure, then Massage, which latter seemed to allay his nervousness, and this was persevered with for several months, but nothing seemed to change the yellow appearance of the skin. At this time he weighed 145 pounds. Having occasion to come East in the fall of 1883, he placed himself under the treatment of a physician who ordered the Salsbury diet—hot water and chopped beef—the physician claiming that the mucous membrane of the intestinal canal was seriously affected from the fermentation of food which he failed to digest. He said the poisonous gases

thus generated in the body had seized upon the liver, with the results which have followed. The exclusive diet of meat and hot water was followed strictly for four months. The first results were loss of flesh and strength. He became extremely thin and weak, and the jaundiced condition remained the same, but his nervousness and headaches diminished. During this treatment he had run down from 145 to 129 pounds. He returned to his home in the West and was taken with a severe cold, followed while he was convalescing by another, which appeared to involve the air passages producing great shortness of breath, although he had no cough, lameness and soreness in the epigastric region, mainly to the right of the median line; no soreness on pressure; this lasted some weeks, he became very pallid. His stools were brownish and mixed with and surrounding the stools were quantities of *whitish and yellowish matter resembling fat*, which was always increased in quantity by the ingestion of fat. This condition of the stools has continued up to the present time. His nervousness he said still seemed to center in the pit of the stomach; he was easily excited, and constantly had the hard unpleasant throbbing and beating there. This had been the case for months; but it had grown worse, and whenever the beating and throbbing were hardest, his face would be yellowest. He said he had never noticed the least inconvenience in the liver region from enlargement or otherwise, and no severe pain there or elsewhere in his body.

Various diagnoses had been given by the different physicians he had consulted, but no improvement had taken place aside from a gain of a few pounds of flesh.

At the time he first consulted me the prominent features of his case were great emaciation, extreme pallor, jaundice, great debility *more marked in the lower extremities*, increased by exertion or excitement of any kind, and accompanied by shortness of breath. Throbbing with sensation of pulsation in the back of the neck and head. A promi-

nent feature of the case was the pulsation in the epigastric region, before referred to, extending down to within about an inch and a half of the umbilicus, aggravated by physical exertion and excitement. Appetite good, digestion so far as the stomach was concerned good, but he complained of an accumulation of gas in the intestinal canal. Bowels at times loose, although the discharges were not frequent, the stools being mixed with what appeared to be *fat*, sometimes in a semi-liquid form, sometimes resembling tallow. He had a feeling of soreness in epigastrium and over the pulsating area, increased by pressure of the hand. Urine according to his statement normal in quantity, but high colored, sleep was unrefreshing, was annoyed by noise of any kind, and complained of extreme nervousness and irritability. Temperature taken at various periods of the day always showed an elevation ranging from one to three degrees above the normal. He complained also of swelling of the feet and ankles, always worse towards night.

He was exceedingly sensitive about his peculiar appearance, and said he was frequently stopped in the street and informed that he was a sick man, and advised to go home, or to consult some particular physician, or to take some patent medicine. Consequently he avoided the streets and rarely left his room except after dark.

Physical examination: Height, six feet; vital capacity, 270 cubic inches [fully up to the normal]; weight 137 pounds. Prior to present illness and when in perfect health, 165 pounds.

Great emaciation, pallor and jundice. Respiratory movements good, perfect uniformity of the two sides of the body. No unusual enlargements or depressions noticed on inspection in any portion of the body. Tongue pallid but perfectly clean. Hair thin, has fallen out about one-half. Palpation and percussion reveal nothing abnormal so far as the lungs and heart are concerned. No enlarged lymphatic glands perceptible.

The area of liver dullness decidedly increased downward, but the surface of the organ was perfectly smooth, and there was no induration. Area of spleen dullness, normal.

Action of the heart not perceptible to palpation. Pulse compressible, 92, and perfectly regular. For an area the size of the hand in the lower portion of the epigastric region, and largely on the left of the median line, and extending to within one inch and a half of the umbilicus, marked pulsation, perceptible to sight and touch. More marked when in recumbent posture and on the back. *On placing the patient on his elbows and knees the pulsation could not be distinguished on palpation.* Here also the dullness on deep percussion was more marked, with sensitiveness to pressure of the hand. Auscultation: Breathing sounds every where perfectly normal.

Heart, anæmic systolic murmur heard at the pulmonary orifice, not constant; otherwise the heart sounds were pure, although the valvular element of the first sound predominated; second sounds accentuated.

I had the patient walk quite rapidly around my office for a time and then up two flights of stairs and return. The dyspnœa resulting was great, and the heart's impulse was increased and rendered very rapid. The sounds were intensified, the anæmic murmur being more distinct. A venous hum (Bruit de diable) was distinctly heard in the neck just above the clavicle. Arterial sounds in the carotids pure but indistinct. Over the pulsating area in the abdomen the normal arterial sounds were conveyed through the stethoscope.

Later.—(Two months) a murmur has developed over this area, taking the place of the first arterial sound; the second sound is wanting. This murmur is also heard in the carotids, and in the iliac arteries; the second arterial sound is not heard, and the murmur at the pulmonary orifice of the heart has disappeared. Careful questioning failed to develope a history of sudden strain, and

he never remembered having felt any thing give way in region of the pulsating area.

A careful examination of the urine showed a specific gravity of 1019, strongly acid, color dark with reddish yellow tinge. Albumen in small quantity, a trace of bile pigment; no sugar.

Microscopical examination negative. No casts, cylinders or blood globules.

Microscopical examination of the blood showed an excess of white corpuscles, the blood discs were pallid, they did not adhere to each other, and some of them seemed shrunken although the specimen was fresh.

A careful examination of the fecal matter showed the white substance to be fat.

Microscopically I found quantities of undigested muscular fibres from the meat he had eaten, aside from this nothing of importance.

The feet and ankles were œdematous.

What is the diagnosis? Is the disease curable, or is it incurable? If curable, what treatment should be adopted? What remedies used?

A general diagnosis of faulty nutrition could be made, and this alone would account for his anæmic condition, and many of his symptoms. But what is the *cause* of this faulty nutrition?

In forming a diagnosis, the *cause* of the emaciation, the debility, the pallor, the jaundice, the enlargement of the liver, the pulsating area in the abdomen, the fatty stools, the gas in the intestinal canal, with no evidences of gastric disturbance, the albuminuria without casts, the weakness of the lower extremities so out of proportion to that of the upper portion of the body. The œdema of the feet and ankles, the tenderness in the epigastric region, the shortness of breath, the feeling of goneness at the "pit of the stomach," the increase of temperature, must all be carefully considered.

The emaciation, the debility and the pallor, in fact all of the anæmic symptoms are evidences of faulty nutrition.

That this is not owing to pathological changes so far as the stomach is concerned is certain from the fact that there are no evidences of gastric derangement. The appetite being good, and no distress following the ingestion of food. The trouble must be sought for below the pylorus. Many of the signs would point to aneurism of the abdominal aorta as the cause—the tumor resulting pressing on the vena cava and other of the large veins—the main duct of the liver and the pancreatic duct. But although we have the pulsation and the murmur, the intense pain and many of the constant symptoms of aortic aneurism in that locality are wanting. The pulsation could be conveyed through a solid mass resting on the aorta. The murmur loses its significance from the fact that a murmur is also heard in the carotids and other large arteries, and could and probably does in this case arise from a relaxed and dilated condition of the walls of these vessels. It is not uncommon in anæmic patients to feel a strong pulsation over the left lobe of the liver—accompanied in some instances by a murmur, both abnormal signs entirely disappearing on the recovery of the patient.

The fatty stools, more marked after the ingestion of fat are conclusive evidence of deficiency of some of the secretions necessary for the proper emulsionizing of fat in the small intestines. As is well established, this function is mainly performed by the pancreatic secretion, although it has been proven by experiments that this emulsionizing power will go on without the aid of the pancreatic juice.

As there is sensitiveness and pulsation in the neighborhood of the pancreas, attention would naturally be called to that organ as being deranged. The fatty stools being confirmatory evidence, of inability on the part of the organ to supply the necessary secretion for the digestion of fat.

The large accumulation of gas in the intestinal canal could be accounted for on the same theory—for another function of the pancreas is to convert starchy substances, which have escaped the action of the secretion of the salivary glands into sugar. This function not being performed in the intestines would give rise to intestinal catarrh, with generation of gas.

The enlargement of the liver, and the jaundice with the presence of bile pigment in the urine, could be accounted for by enlargement of the pancreas, the head of the organ pressing upon the main duct of the liver and preventing the escape of bile.

The pancreas lies directly across the abdomen, behind the stomach and left lobe of the liver. Behind the pancreas are the vena cava, the abdominal aorta and the commencement of the vena portæ. Its lower border covers the commencement of the superior mesenteric artery and the termination of the mesenteric vein. It also covers the solar plexus and its ganglia. The main bile duct (ductus choledochus) as a rule descends near the head of the pancreas, sometimes passing through it.

The area of increased dullness and sensitiveness could be accounted for by enlargement and inflammation of the pancreas.

The pulsation and the murmur could be accounted for in the same way. The enlarged pancreas pressing upon the abdominal aorta would impede the blood current, dilatation of the aorta in that locality might result, in fact cases of aneurism of the abdominal aorta have been reported resulting directly from such pressure, and Dr. Hayes Agnew reports a case where the thoracic duct was compressed by a cancerous growth, originating in the pancreas. The pulsation of the aorta would be felt through the enlarged gland. This compression of the vessel would also give rise to a murmur.

Pressure of the enlarged pancreas on the vena cava

would interfere with the return current of blood from the lower half of the body and a condition of venous engorgement of its organs and tissues would result. In this way the œdema of the feet and the albuminuria could be accounted for. This also in connection with the pressure on the aorta, would account for the great weakness of the lower extremities, so out of proportion to that of the upper half of the body; the supply of nutrient blood being lessened and the return current of venous blood being interfered with. The patient can write for hours, and use his arms in gentle exercise without fatigue.

Pressure on the vena portæ would interfere with nutrition by obstructing the flow of portal blood to the liver.

Pressure on the solar plexus and its ganglia would account for the peculiar feeling of goneness or faintness complained of in the epigastric region, and reflexly for the great shortness of breath on the slightest exertion, although this could be accounted for by the changed character of the blood and the condition of general anæmia.

Chronic inflammation of the organ would account for the elevation of temperature, there being no evidences of inflammation of any other of the viscera, and an absence of other perceptible cause for febrile rise of temperature.

Taking all the conditions and symptoms into consideration—the most rational diagnosis seems to be *chronic inflammation with enlargement of the pancreas.* As to the nature of the inflammation whether malignant or not it is impossible to express a positive opinion. The absence of cancerous or tubercular family history, and the absence of evidences of cancer or tuberculosis in any other of the organs of the body would incline me to exclude either of these conditions.

A few weeks since I had Prof. Helmuth see the case with me. He thought he could distinguish on deep palpation enlargement of the mesenteric glands and stated that he had once treated a case very similar, where an autopsy

had revealed tuberculosis of the mesentery and pancreas, and he gave a similar diagnosis in this case. This patient has now been under my constant observation for three months and at the present date, Oct. 20, 1884, seems to be improving under Arsenicum, and a gentle current of electricity administered every other day. The Nitric acid test and boiling no longer show the presence of albumen in the urine—although the recent test with Trichloracetic acid shows a slight trace. He is gaining in strength, sleeps moderately well, and his jaundice is less, his spirits are better, he is less nervous, and of late has gained several pounds of flesh. He feels encouraged and I must acknowledge that I participate in this encouragement, although at best the case is a grave one and a few weeks since I was prepared to give a decidedly unfavorable prognosis. During the time he has been under my care I have endeavored to sustain the patient by nutrient diet, pure out of door air, quiet, and the avoidence of excitement of any kind. My remedies have been selected in accordance with the symptoms which have presented themselves.

THEORY AND PRACTICE.

E. G. FOLSOM, M. D., Mt. Clemens, Mich.

Of the fatality of thrush, one may judge from the fact that out of twenty-four cases reported by Valleix, twenty-two died; and that out of seven hundred pages, one-third of the number are devoted to its consideration in his work on the diseases of children. Another author puts the mortality at nine in ten, and still another at two in three. Surely a disease of infancy of so grave a character deserves our earnest consideration. In writing of thrush I would confine myself to that form known as the parasitic variety as it is less frequently met with than the simple, follicular or even the ulcerative type of stomatitis. The first stage

of thrush is that of simple inflammation of the mucous surface. There next appear minute, semi-transparent granules, which increasing become white and opaque; these coalescing form patches of greater or less extent. In appearance these patches look like curdled milk, and the not over-careful nurse neglects to call the physician's attention to them. In color the patches are first white, then yellow, and vary in thickness from a twelfth to an eighth of an inch. The microscope reveals the fact that the exudation is not a true membrane like that of diphtheria, but is a mass of mucous corpuscles and epithelial cells matted together with a growth of vegetable parasites (oidium albicans). The symptoms at the outset of the disease are those of any inflammatory condition –heat, redness of buccal cavity, with thirst and restlessness. Later appear the patches, to which are added in severe cases vomiting and diarrhœa, fetid in character, in which is mixed detached pieces of exudation. Food wholly or in part is refused and the child is rapidly emaciated. The disease is seen in children of all ages from a few days after birth up to the period of complete dentition, although the majority of cases occur in children under three months of age. All authors agree in naming unfavorable hygienic conditions and the use of undigestible and improperly cooked food as the most important exciting causes of this malady.

The diagnosis of thrush should be easy so far as the condition of the mouth is concerned. It cannot be confounded with diphtheria as the microscope reveals the true nature of the exudation, and as Bartholow says: "In diphtheria the exudation usually begins as a delicate pellicle on the tonsils or rail of the palate; in thrush as a cord-like mass on the lips, gums or cheeks, the former extending forward, the latter backward; the exudation of diphtheria thickens and widens as it develops and extends into the eustachian tubes, nares, and larynx, that of thrush is rarely coherent and extends into the fauces and œsophagus."

The presence of vomiting and diarrhœa with detached masses of exudation, and rapid sinking indicate the gravity of the case and point to the presence of the parasitic formmation in the gastro-intestinal tract.

As to the result of treatment a favorable prognosis can indeed be given in mild cases, but when the disease is met in its worst form, too much should not be promised. The judgment will be severely tried in the selection of a proper food. The first steps to be taken in the treatment of these cases, inasmuch as mal-nutrition lies at the bottom of the trouble, is to investigate the character of the food being used. By improper food is generally meant some one of the prepared foods, improperly cooked foods, unripe fruits or stale vegetables; and to this list some would add even cow's milk, claiming that the only true food for a babe is its mother's milk. As the majority of these under consideration are found in children who have been recently or are yet nursing, we are compelled under such circumstances to add also breast milk. All will agree that unripe fruit and stale vegetables are unfit for anyone to eat, and that improperly cooked food is not healthy. Every physician has learned by experience that any one prepared food can not be digested and assimulated by every infant. Moreover, I believe we find among children suffering from malnutrition as many cases arising directly from improperly elaborated breast milk as from those feeding upon cow's or a carefully selected prepared food; for every woman capable of giving birth to a child, has not the power of supplying good, wholesome milk for her offspring. Nor does the character of a woman's diet or hygienic surroundings always make the difference. Many a well-fed woman is not capable of converting food into milk for her child. The character of milk, like that of other secretions, is liable to be much influenced by nervous impressions—it may be increased or diminished in quantity, or vitiated in quality by sudden emotions; and it is even said to have been some-

times so much altered in this way as to produce indigestion, diarrhœa and convulsions in the infant. Jules Simons in the *Journal of Therapeutics* says: "Among infants at the breast the cause of diarrhœa is as often the fault of the nursing mother as of the infant." Undoubtedly nature's food should always be the best nourishment, but until we cease to have among us over-worked and over-worried mothers it will be necessary to often provide better food than they themselves are capable of giving their children. It is our duty to give more attention to the character and composition of breast milk in every case coming under our care; and this too as soon as lactation is thoroughly established. It is better to put an infant upon good artificial food than to retard the development by keeping it upon poor breast milk. Are we not apt to overlook this necessity if only there be sufficient flow in quantity? In determining the quality of breast milk the microscope will reveal the absense of the essential properties, as will also chemical analysis. The specific gravity, according to Dalton, being 1,030, the lactometer will show any deviation from the standard. If a wet-nurse whose milk will stand the proper test cannot be secured a choice must be made of some article which will the most completely satisfy and nourish the child. In one case it may be properly diluted milk; in another some one of the prepared foods, or we may find rice or barley-water or oat-meal will serve us best. In a case of thrush which came under my care in the summer of 1879, I was unable to find anything in the way of food that could be retained in the stomach, or that would nourish the child until I resorted to the use of beef-tea prepared with cold water and muriatic acid, and this in an infant *two weeks old*; the child's life was spared, I believe, by its use. My experience with beef-tea since then in these cases has been confirmatory of the results then gained, and I look upon it as one of the things which will be successful when perhaps all else fails; and, as a food which can be

used with benefit in the earlier stages of thrush and kindred troubles arising from mal-nutrition in very young children. In another case, coming to me from the hands of a brother physician, the parents feeling there was no hope for their child, I was enabled to see the sick little one, about sixteen months old, restored to health by feeding it upon baked potatoes and orange juice, after all other foods given had failed to make an impression upon the emaciation necessarily following a six weeks' sickness with gastro-enteritis complicated with thrush. In still another case, in a child about one year old, I received an intimation of what was needed by the grand-mother remarking that every time the child saw the sugar bowl she cried, but she did not dare to give her any sugar. The following day I prescribed a lump of crushed sugar three times a day until the craving was satisfied. This had the desired effect for I had the satisfaction of seeing an increase of appetite, improved digestion and assimilation, manifesting itself by a rapid gain in flesh and strength. Bartholow says, in giving hints on the proper feeding of this class of patients: "The starchy and saccharine substances, owing to their facility for undergoing the acid fermentation may be objectionable." In these two last cases referred to such an objection did not exist, for in one pure sugar was given and in the other potatoes the solid part of which is seventy-five per cent. starch.

I know of no rule by which we can determine the best food for any particular case —it is by the process of elimination, often that we find the desired article; a *dernier resort* becomes the long-sought balm in Gilead.

Old school authorities are even afraid of employing acids in the treatment of thrush because, as they say, of the excess of acidity in the stomach. We all know acids are beneficial when properly used. The milder fruit acids are certainly helpful as is also nitro-muriatic acid properly diluted. Local applications demand a moments consideration although proper nourishment and appropriate remedies

are more necessary to the successful termination of thrush. Borax, nitrate of silver, sulphate of zinc and carbolic acid are recommended and used, but to those conversant with the action of Hydrastis and Baptisia as topical applications having a true remedial action, the first named remedies will be seldom employed. If a disinfectant is necessary I believe per-manganate of potash will be less irritating than carbolic acid.

J. L. Smith, Professor of Diseases of Children in Bellevue Hospital College, makes *no mention* of internal medication in the treatment of thrush. Bartholow, one of the more liberal men in the old school recommends the following remedies to allay gastric irritability: Bismuth, oxide of silver, Fowler's solution of arsenic, and potassium chlorate; to destroy the parasitic extension, salicylic acid dissolved by aid of sodium biborate, quinia sulphate, carbolic and boracic acid solutions. He also says the internal administration of quinia and salicylic acid to arrest the spread of the vegetations swallowed is highly important. I quote Bartholow in full, not that his advice should be followed by the homœopathic practitioner, but that a comparison may be made between what is considered in some quarters as *advanced* and *scientific* treatment, and that employed by those who know from practical experience and thorough study, of the superiority there is in the specifically indicated homœopathic remedy. The following are the remedies most serviceable in the treatment of thrush.

Arsenicum: —when the aphthæ assumes a livid or bluish appearance, attended with *great weakness* and diarrhœa.

Baptisia:—Profuse salivation, putrid odor from the mouth, offensive stools, nausea with want of appetite and *constant desire for water.*

Borax: The child frequently lets go the nipple showing signs of pain in the mouth from nursing. Downward motion causes fright.

Bryonia:—Mouth unusually dry, with thirst; lips dry, rough and cracked.

Mercurius:—Much salivation, inflammation of the entire buccal cavity, ulcers upon the gums.

Hydrastis:—Mouth sticky, excessive secretion of tenacious mucus from the mouth, so profuse that it may be *removed in long tenacious shreds.*

Nitric acid:—Bleeding, white, and swollen gums; teeth loose, ptyalism.

Sanguinaria: Gums very spongy, bleeding and fungoid, *unquenchable thirst*, vomiting and prostration.

Sulphur:—Fetid and *sour* smell from the mouth; tongue thickly coated white or brown; shiny, greenish stools; rash, and restleness.

With due attention paid to nourishment and with the exhibition of the properly indicated remedy I am sure we shall be able to show a much larger percentage of lives *saved* than is reported by Valliex.

DYSMENORRHŒA.

J. T. KENT, M. D., St. Louis, Mo.

Nux vomica. Miss Emma B— —, aged 26, has suffered most agonizing torture for six years, at every menstrual period.

The painful nisus at first was not so great a suffering but gradually increased in severity. She is thirty pounds lighter than when she was twenty years old. She feels sometimes as though she must scream, and at other times that she would like to tear things to pieces, or bite somebody's head off; and her friends say that she is snappish, and seldom speaks a pleasant word to anybody, which is the opposite of her natural disposition as manifested some years ago. She is intensely "old maidish." She is more nervous and excitable before and after the menses. She

has no severe pain until the flow starts, and the severe pain continues during the flow, which often lasts ten or twelve days, never at any time very profuse, but much of the time scanty, and by "fits and starts." There is great pain in the sacrum during the flow as if the back would break; paralytic weakness in wrists and knees. Grinding pain in the uterus the most severe the first day of the flow, relieved by heat. Great bearing down pain in the pelvis. Sometimes the pains are grinding, then cutting, severe, indescribable pains about the navel. The pains make her want to go to stool. Frequent ineffectual urging to stool. She gets some relief by covering up very warm in bed and closing all the windows, even in the warm summer days. *Nux vomica* [2000] (Jenichen) cured the case completely.

LYCOPODIUM AFTER CALCAREA OST. WHY?

CHARLES B. GILBERT, M. D., Washington, D. C.

Two of the best authorities on symptomatology, (Drs. Lippe and Hering,) a sort of hermaphrodite Materia Medica, say that it is not advisable to give Lycopodium in the beginning of a chronic case, but rather another remedy. The former advises a non-anti-psoric, the latter an anti-psoric, first. Hering qualifies by saying that "it is *rarely* advisable;" both agree that Lycopodium follows Calcarea ost. well, but, as usual, do not say why. This fault runs through all our literature, the example having been set by Hahnemann, who knew as much of a remedy that was unwritten as that which was written. But he did not appreciate the fact that we poor mortals do not know it, and can not, unless we go through his labors with a mind equal to his; hence we have mere symptomatology. You engage a shade tree for your grounds; the man takes you to a pile of cord wood and brush apparently, in your door-yard, and says: "Here is your shade tree." "But that is only a pile of wood and brush," you reply. He says: "The tree is all

there, even to the rootlets" (provings with high potencies). That is what is called Materia Medica—a shapeless mass made up of roots, trunk and branches. We do not want dead rubbish, but a living tree—first the blade, then the ear, then the full corn in the ear.

You have a patient with symptoms apparently calling for Lycopodium, but his urine shows no sign of the lithic acid diathesis. You do not get the response you desire—even, perhaps, a response you do not want. Your patient is a blonde, easily sweating and chilling, soft and flabby muscles—in short a Calcarea patient—and you give him Calcarea. In twenty-four or forty-eight hours the nurse says: "Doctor, Harry's water is very peculiar this morning and looks as though it had Cayenne pepper in it." And that is why you give Calcarea before Lycopodium.

The mind is in this form (?) and must be satisfied. Will Dr. Ad. Lippe now tell us why Lycopodium follows Lachesis, and Pulsatilla well?

J. T. KENT, A. M., M. D.*

Was born in 1845 at Woodhull, Steuben county, in the rural portion of Western New York. He received his literary education in Madison University, graduating with Ph. B. in 1864, when only nineteen years of age, and took the degree of Master of Arts in 1870. Studied medicine with Dr. Brown (Allopathic) of his native place, attended lectures in Bellevue Medical College receiving the degree of M. D. in 1868, and began practice in his native town where he labored until 1870. Becoming dissatified with the uncertainties of Allopathy, he investigated the eclectic practice, attended two courses of lectures in the Eclectic Medical Institute, Cincinnati, 1871–72, and removed to St. Louis, where he began the practice of Eclecticism in 1874. He became well known as a writer in several eclectic medical journals, and a prominent and active member of the

*See frontispiece.

Eclectic National Medical Association, from which he resigned, upon change of faith, in 1880. Was Professor of Anatomy in American Medical College, St. Louis, in 1877–78, and Professor of Anatomy in Homœopathic Medical College of Missouri in 1880–81. When the Hering Medical College was organized, he was made Professor of Surgery and Dean of the Faculty.

Upon the consolidation of the two Homœopathic Colleges, he was elected to the chair of Surgery. In 1882, Professor Uhlemeyer resigned the chair of Materia Medica, and urged upon the Board of Trustees the appointment of Professor Kent, who, in his opinion, was especially adapted to teach this difficult branch. At the urgent solicitation of his colleages and the Board of Trustees he resigned his much loved chair of Principles and Practice of Surgery and accepted his present position of Professor of Materia Medica.

Although he has been an open and avowed Homœopathist since 1879, the final decision was reached only after a period of investigation or probation—medical evolution—extending over several years. He had long been convinced that *similia* was a law of selection, but it was not until 1879 that he abandoned a mixed eclectic and homœopathic practice and accepted Hahnemann's method and the universality of the law. He has at last found his *niche;* and from all reports of his work, his enthusiasm and his close application will make a successful and acceptable teacher of Materia Medica, and a credit to the profession in the west.

PECULIAR FEATURES IN MATERIA MEDICA.

C. R. MUZZY, M. D., Newton, Wisconsin.

For the benefit of the would be therapeutist, I suggest that Article No. 18, of the *Organon* be made to read: The peculiar features of the totality of the symptoms constitute the guide in the choice of the remedy. Hahnemann says:

"From this incontrovertible truth that beyond the totality of the symptoms there is nothing discoverable in diseases by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be *no other indication* whatever than the *ensemble* of the symptoms in each individual case to guide us in the choice of a remedy."

Misconception of this article is, I think, quite general with those who have read the *Organon* and especially with others who only hear it quoted (the greater number I fear). "The totality" (the whole) is to be obtained, then the peculiar features of the group lead to the remedy. This is not a scheme to improve upon Hahnemann's work, (he clears up the matter in article 153 and all who *study* his works know it); but for the benefit of those who only hear of, or read but a part of the *Organon* and guess at the rest of it, let Article 18 be revised. The greater the number of symptoms in a case of disease the easier it is to see the peculiar features, and the greater the number of symptoms in the provings of a drug the more clearly appear the peculiarities of the record; remove all but the peculiar features from the records of a drug and they are no longer peculiar, they become general. The dismal howl about the chaff in our Materia Medica has been heard long enough; give us a rest and, in the meantime, learn the use of a corn-fan.

PECULIAR FEATURES (NO. 1).

It has been a custom with me to try and find in the great sea of humanity, a living counterpart to the peculiar features of each prominent remedy of our Materia Medica.

In different races of men and in character of individuals I see the portrayal of many drugs in animated form, passing to and fro, in the every day walks of life. It would be well, I think, for every homœopathic physician to adopt some such plan by which he may have some part of our Materia

Medica, in full view at all hours of the day, and in offering my own fancies I hope to suggest to the reader some ideas worthy of adoption and improvement.

Cases occur, no doubt, in the practice of every physician when he is dependent entirely upon the physical appearance (objective symptoms) of the patient for indications for the selection of a remedy, suspended animation for the time precluding direct questioning.

The study of Materia Medica in this way might prepare one to succeed where others might fail. Every point gained in this manner makes one of the links of a chain of evidence, valuable so far as it goes, and far more valuable to the physician, so far as accurate prescribing goes, than mere speculation as to the pathological state. The study of the peculiar features of drugs by comparison is a pleasure compared to arbitrary exercise of the memory in the abstract.

In the brief pen pictures of the remedial agents that I may, from time to time present, I hope the reader will be able (without me) to see the *simile* in the animated form.

Anything like caricature in this study is far from having a thought in me. True understanding and true representation of the subject is too serious a mattter to admit of anything but candor in the handling thereof.

ACONITE—THE GERMAN OF MATERIA MEDICA.

Although Aconite bears an international prominence in practice I have given it a national name. Whoever has seen the convivial German become excited over his favorite beverage and pound the table till the glasses jingled while in his incipient rage, and when the excitement had reached its climax seen it pass off like foam from fresh drawn "lager," instead of in expectant blows upon his neighbor's head, can not fail to see the force of the comparison with the physiological action of Aconite.

The first stage of inflammation corresponds to both; but if the second or third stage is reached other nationalities are represented.

As Aconite excites the nervous system in a similar form it may be useful as an intercurrent remedy in any stage of inflammation or fever to secure temporary rest.

The mind symptoms are numerous, but "fear and anxiety" are the most prominent. The teething babe that can not tell of its feelings in words will present in its anxious, inconsolable, piteous wailing, and its agonized tossing about with apparent fear and anxiety, a very clear picture of the prominent mind symptoms of Aconite.

Anger is at times quite peculiar. The child coughs, gets angry and cries, also cries with anger and then coughs. Its restlessness is peculiar, to which Chamomilla and Arsenicum are interesting comparisons.

The Aconite child cannot be quieted with anything but the medicine in proper form, or a drink of cold water. The Chamomilla child may be soothed by carrying it gently about, and the Arsenicum child requires quick motions, "has no patience with slow movements."

Preceding the muscular excitement and fever peculiar to Aconite is a stage of vital depression when the patient makes no complaint and prefers to be quiet, but this is seldom seen by the physician outside his own household. When seen, a single dose of the remedy may ward off the impending trouble; the second dose if given is liable to hasten the outbreak.

PECULIAR FEATURES (NO. 2).

Bryonia.—The Ethiopian of Materia Medica, corresponds in a physiological point of view to the second stage of inflammation. It follows Aconite under a change of conditions. As there is a calm preceding the Aconite storm, the torpor of gorged streams often follows to which Bryonia is the true similia.

This condition is portrayed (in mind symptoms) in the despair of recovery; the fear of death which he thinks is near; giddiness, fullness and heaviness of the head with fainting on rising. Add to this the oily, greasy, bloated head and face with its sour smelling perspiration, and who would fail to name this remedy. You might fail, however, if not well acquainted with the record of its twin-brother, Rhus tox.

Will give you a clear case of failure and the result. Mr. W. H.—, age 40, moulder by trade. While working in a malarial district was taken in September, 1880, with intermittent fever. Type, quotidian, paroxysm from 2 to 4 P. M.

Chill severe, with thirst, followed by dry heat, with increased thirst, passing into sweating stage with profuse sour smelling perspiration. "Aching in the bones," headache with the heat and sweat, dizzy on rising up in bed. When seen during the day or in the paroxysm the patient was lying upon his back, head low. Thinking it a clear case for Bryonia gave it three or four days but with no improvement. The patient was discouraged, dispaired of getting well; changed the attenuation to no purpose. On account of his expressed desire to get up and go to work and the statement of his wife "that his nights were restless," changed to Arsenicum, but no relief followed a fair trial.

Finally on casting about for other indications I learned that, though quiet through the day and during the paroxysm, lying mostly upon his back, his nights were passed in turning from side to side with a short interval of rest after each change of position. After receiving Rhus tox. he had but one light paroxysm and was at work soon afterwards.

The delirium and dreams of Bryonia are concerning the business of the previous day. In this relation I wish to say that in the peculiar features of the dreams of sick ones are often to be found the clue to an obscure or lost track. I have heard of some—even know them—who would elevate,

in derision, their organs of olfaction at this suggestion. I have read, also, "that the crags of business are strewn with the wrecks of men who despised small things."

The mind symptoms of Bryonia bear similarity to Calcarea ost. Apprehension, anxiety about his health or future misfortune, despairing mood. (Calcarea has, with anxiety, a fear of loss of reason and fear lest people observe his confusion of mind). Bryonia, fear of loss of property; "fears she will not have the means of support." The Bryonia patient lies on his back or on the painful side, his head low, generally lies still, at times feels compelled to move but it always hurts him to do so. The Belladonna patient is aggravated by motion, especially by a sudden jar of bed or chair on which he rests. You may find him on his back, but never on his painful side. Bryonia, has many peculiar features. Stitching pains in all parts of the body. (Euphrasia is a rival in this respect.)

The peculiar thirst is prominent. Vomiting of food. The child vomits as soon as it eats, and eats soon after vomiting. Longing for the coldest of water, but vomiting it when it has become warm in stomach; vomiting of warm drinks immediately; this tells us that heat aggravates, but if we stalk away with this bare fact we may "get left." The Bryonia patient is better when warm in bed, but if he begins to sweat feels worse. It will be seen by the careful observer that moist heat aggravates and that dry heat relieves. It is torture for a woman with a Bryonia headache, to iron sprinkled clothes, but she can go into the hot sunshine and get relief if the air is dry. The child calls for things and rejects them when brought, it cries for what it thinks it wants, but never wants what is brought, (wants to eat, it knows not what, Pulsatilla). Constipation, with its dry, hard, dark, large formed stools is peculiar to Bryonia, but you cannot always be positive that Nux. vomica is not indicated instead, except a burning sensation of the anus follows. (Nux. vomica has perfect relief after. Arseni-

cum similar, except burning in anus after loose evacuations).

The choice between Bryonia and Arsenicum in diarrhœa is sometimes difficult. Both have putrid smelling discharges, color will not guide us, both have burning sensation of anus, one *during*, the other *after* stools; but this cannot be learned from children. If, however, you learn that the child has more evacuations the more it is moved about, or, if it has a discharge soon after taking nourishment the case is made clear. Sometimes the peculiarities of thirst or appetite will decide the choice.

The physician who does the best he can with the knowledge he has or can gain of the individual action of drugs, is true to his trust thus far. If he cares not for these peculiar features in comparison, but prefers to shoot pills with a double barreled gun, he shoots for pay only. The higher honors can never be his.

The peculiar temperament of the Negro makes this remedy almost specific for his diseases, for his home sickness so well portrayed in Foster's once popular Negro melodies "Carryme back to old Virginia," "There's where the old folks stay," and many more in a similar vein point to the mind symptoms of Bryonia.

PECULIAR FEATURES (No. 3.)

Belladonna. The Irishman of Materia Medica. It has been stated by an eminent therapeutist that this remedy is indicated in diseases of the Irish people more frequently than any other remedy. Besides having verified the statement in practice, I am able to see in the peculiar features of the record a marked similarity to the characteristics of that nationality.

The spasmodic rage which comes and goes, no less than the Irish wit, with lightning rapidity, is a fac simile of the peculiar action of Belladonna. Both are noted for spasmodic

action, yet both are persistent enough at times to cause rupture and abscess.

What Aconite is to vascular excitement and Bryonia to effusions, Belladonna is to true inflammation.

Too violent and prolonged action of the first and second remedies mentioned tend to bring on the third stage of inflammation, and Belladonna may cause suppuration instead of dispersion if improperly given.

It is as much the duty of the physician to save the vitality from excessive wear as to protect the body from premature decay. Sudden screaming, with hands and feet trembling, express more of the characteristics of Belladonna than any other sentence of the records. The sudden spasmodic action is not to be found so marked in the record of any other remedy. We find this peculiar feature under the rubics of every part of the body. In the stages and states of the organism to which Belladonna is assigned I see nothing to furnish a clear picture of the remedy. In the comparisons given here I think we have a photograph to fix in memory.

The boiling heat of our German remedy begins in the head and spreads to the extremities, with relief to the fountain head. The reverse takes place with the Irish remedy; a flash from some branch up stream puts the fountain in a rage on short notice. Aconite acts from centre to periphery; Belladonna from periphery to centre. This difference in comparison is well portrayed in the above national characteristics. There is always some difference between remedies in groups of symptoms, but not always in isolated symptoms. It is the duty of every homœopathic physician to know these differences; without this knowledge we can not make scientific applications of our law of cure.

The peculiar headache of Belladonna begins in the back of head and moves to forehead.

It is aggravated by lying down and by any sudden movement, a misstep, jar of bed or chair on which the

patient rests; and any sudden movement, as bending over or rising quickly, causes pain to pass forward and back through the head with a fluctuating sensation as if the head was loaded with quicksilver. These attacks of headache are sometimes intermittent, occurring at a stated time every day and ceasing before night. Sometimes it is called intermittent neuralgia, but names of diseases are arbitrary if you allow them to influence your choice of remedies in any great degree. It is best to know the remedy by the peculiar features of its record. If the case described is assailed with repeated doses of the remedy during the paroxysm a failure is probable; but if given during the apyrexia only, in proper form, the paroxysms will shorten from day to day and soon disappear.

Belladonna produces enlarged pupils with senitiveness to light, though if we do not know that Calcarea has dilated pupils and that bright light dazzles the eyes, we may go wrong. Calcarea has itching, stinging and burning in corners of eyes. Belladonna works in corners but never with itching. Phosphorus has sensitiveness of eyes to light, with contracted pupils, and is an interesting comparison.

The spasmodic earache, aching of right temple, right upper teeth, etc., are to be noticed; but if you have neuralgic headache of right side, extending down into the whole right side of face, you may try the entire list of remedies, except Bryonia, and fail.

Throat symptoms are numerous, and difficulty in swallowing fluids is peculiar. (Bry. has difficulty with solids). The barking cough is peculiar as to sound, the paroxysm is painful and causes the child to cry and to try to keep it back. (Crying after coughing, Arnica).

With the spasmodic character of Belladona we think of it in convulsions from dentition, in chorea, epilepsy, and on account of the peculiar thirst, with distaste for water, in hydrophobia.

MISCELLANEOUS.

THE HOMŒOPATHIC AGGRAVATION.

CONIUM. —A patient, aged twenty-one, of an erysipelatous diathesis, had a fall which brought him to his bed, when his peculiar taint showed itself. The mind symptoms read Conium. "Weakness even to trembling, with fatigue of the lower limbs, eruption on the skin, itching on all parts of the body, with several blackish ulcers, exuding ichorous discharges, especially after contusion, petechiæ, etc. Remembering that Conium was the Aconite of old people and finding his case covered by Conium, it was ordered in the thirtieth attenuation. A few days later I received a letter from his grand-daughter, a close observer and good thinker, saying, "I guess I have got up an aggravation with the Conium. Is it cumulative; he has had two spasms, the first longer than the last, he was very much frightened but now seems more like himself than for several days."

And now, if you will allow me, I will answer her question; it may help others to understand our law of healing.

Are Homœopathic Aggravations cumulative? Analytically an aggravation presupposes a departure from or interruption of normal health-action, for unless there be abnormal symptoms how can there be aggravation of abnormal symptoms (disease).

Homœopathic aggravation pre-supposes that the Homœopathic analogue has been found and administered and as a sequence more abnormal symptoms are evoked, more "distress signals are sent out," and to the superficial observer the case is more critical and dangerous. This is a *Homœopathic aggravation*, a phenomenon in allopathic practice.

What then is a homœopathic aggravation. What but a crisis between the re-actionary power of disease and the re-actionary power of medicine.

Disease and its law of cure are fruitful to the thinker, the philosopher, but they come not within the horoscope of this paper.

Given then the disease, the analogue administered, the aggravation before us, "Is it cumulative?" or does it augment by addition; is it added to something else, or does it increase by an addition of its own in "heaps or knots." Will its ripple *aggregate* or *segregate* in the commotion. If the waters which caused the *ripple* be removed the *ripple* will *cease.*

Medicines, like other laws of motion have an actionary and a re-actionary effect upon life; the antipathic or palliative is the actionary, while the Homœopathic as curative is by its re-action elevating leaving the patient on the ascending plane to health, while the antipathic leaves him on the descending scale from health. Ice or snow to a burn is palliative, non-curative, while the dilute tincture of Urtica urens is the curative; but if too strong or too persistently applied, will give a homœopathic aggravation, and if too persistently used will arouse all the abnormal symptoms and add its own to the ripple. The rebounding ball may have such momentum as to teach the amateur care of its cumulative force, especially on the already percussed hand of the player.

Homœopathic aggravation may be cumulative and dangerous, though when slightly and properly aroused will be diffusive and genial. But disease, properly so-called is not an entity by a psycological hiatus, and must reach its acme of hope by vital or spiritual law and requires skill and tact to meet and arrest without cumulative rigor, and hence the old truism,

> "The physician should have the eagle's eye,
> The lion's heart, and the lady's hand."

THERIDION.—In cases of rachitis, caries, necrosis, I depend chiefly on Theridion, which apparently goes to the root of the evil, and effectually destroys the cause of the disease.—DR. BARUCH.

ASIATIC CHOLERA.

The following we take from the report of Dr. J. H. Rauch, secretary of the Illinois State Board of Health.

"An epidemic spread of Asiatic cholera now seems imminent. What is known as the Damietta outbreak failed to secure a foothold in Europe last year, and with the exception of a few isolated cases in Russia and one fatal case at Smyrna lazaretto—all in July of 1883—it was believed the disease from this outbreak was confined to the delta of the Nile. France, it is true, was threatened by the arrival at Havre of the steamer St. Bernard in June last with one case on board; but preventive measures were successfully instituted on that occasion, and the evil averted. About the 1st of May, 1883, the British troop-ship Crocodile was reported in quarantine at Portsmouth, England, having then had eight cases of cholera on board, six of which proved fatal; but on this occasion also the disease seems to have been confined to the infected vessel. The French have been less successful in their recent precautionary attempts, if it be true, as is now alleged, that the Toulon outbreak was due to a fatal case on board the transport Montebello from China—the infected clothing of the case not being destroyed. Later advices state that the disease was brought from Egypt in the troop-ship Sarthe. It has already spread to Marseilles, Lyons, the villages above Toulon, and cases are reported in Italy and elsewhere.

"Whether the disease will cross the Atlantic from the east will largely depend, of course, upon the efficiency of the measures employed to confine the contagion to its present localities. Very general activity is manifested by all the European governments and sanitary authorities, and it is to be hoped that they may prove successful, although the dissenting opinions of the English authorities as to quarantine may lead to friction between them and the continental authorities. Meanwhile, we are threatened not only

from Europe but from the opposite side of the globe—cholera seeming to be spreading in China and to have broken out in Japan.

In view of this condition of affairs I have thought it my duty, on behalf of the board, to urge that the organization of the National Board of Health should be maintained, and have advised to that effect, hoping that it may be possible to still secure the necessary appropriation for this purpose in the Sundry Civil Service bill. Should cholera continue to spread on the continent it is more than likely to find an entrance into this country, despite the efforts which may be made by local and state authorities to exclude it by quarantine regulations. Want of uniformity, failure to coöperate, commercial considerations, and local conditions all combine to impair the efficiency of any system of quarantine; and to the extent that these obtain, in the absence of a uniform system, is the danger of failure increased. The remedy, of course, is in the national control and administration of quarantine; and the present emergency furnishes another argument for the continuance of the National Board of Health with adequate appropriations and increased power and authority.

As to what should be done by us as a board in the present aspect of affairs, I would say that my own experience and observation lead to the conclusion that it is not judicious to place entire reliance on quarantine measures, no matter how administered, should the disease become epidemic in countries or ports with which this country has close commercial relations. Asiatic cholera, although it may invade places in good sanitary condition, finds its most congenial habitat where filth in any form abounds. The best attainable sanitary condition—clean streets and premises; the prompt and proper disposal of organic refuse, night-soil, and all forms of sewage; well-ventilated habitations with dry, clean basements; a pure and sufficient water-supply; and good individual hygiene, including personal

cleanliness, a proper diet, and regular habits of life—these are the best safeguards against Asiatic cholera, as they are against most diseases. If it should, unfortunately, appear in a locality whose sanitary condition is good, as thus outlined, there is every reason to anticipate its prompt arrest by well-understood measures—thorough isolation of cases, disinfection of discharges, etc. Cholera is preëminently a disease to be fought with sanitation.

Prof. Koch's recent researches, by which he has demonstrated the existence of the cholera bacillus, promise something in the way of special prophylaxis; and in so far as this is in a direction to which a great mass of empirical knowledge points, it may be worth while calling attention to this feature. I allude to the practical point, which Koch has demonstrated, of the development of the canna-bacilli in alkaline moisture, and its arrest or destruction by acids. If further experiments confirm this proposition the preventive treatment of Asiatic cholera may come to be a matter of as much certainty as the prevention of small-pox.

As to our own immediate action in the premises I have to suggest that the attention of sanitary authorities throughout the state be officially called by the board to the necessity of promptly securing the best attainable sanitary condition of their respective localities. A thorough sanitary organization of the state with the view of improving its general sanitary condition is one of the matters to which the board may now profitably give its attention. The board is now, at the end of its first term, in a position to give this subject more consideration than heretofore; and it is entirely possible that such an emergency may present itself as will make this of the first importance.

THERIDION.—In case of scrofulosis, when the best chosen medicines fail, I always interpolate a dose of Theridion which must act at least eight days, and I have seen surprising results from it, particularly in caries and necrosis. For Phthisis florida, it is indispensable, and effects an entire cure if given in the beginning of the disease. DR. BARUCH.

WOMAN'S HOMŒOPATHIC HOSPITAL, PHILADELPHIA.

An event of unusual importance occurred October 15, 1884 in the City of Brotherly Love. It was no less than the laying of the corner-stone of the hospital of the Woman's Homœopathic Association. Mr. Charles Reed generously donated $40,000 for this object, on the basis of which the work was begun. It will require $50,000 to complete the building, which it is hoped will be under roof by January 1, 1885. The Association will hold a fair in November to aid the undertaking. After the opening prayer, the charter of the new institution was read and the corner-stone laid with the usual ceremonies. In the casket were placed the names of those interested in the work, the homœopathic periodicals, the daily papers, etc., after which Dr. H. N. Guernsey delivered the following address:

Ladies and Gentlemen:—In celebrating the event of laying the corner-stone of this hospital it is proper to remark that we should ally ourselves, more or less intimately, with *all* movements the object of which is to lift men up and better the condition of mankind.

It seems to me the present is a fitting occasion to forcibly remind us that this is no ordinary movement; that it is a momentous enterprise, the laying of the corner-stone of a homœopathic hospital. The greatness, the importance, of this movement is couched in the word, "Homœopathic."

I am well aware the word, Homœopathy, has become a cloak for a multitude of evils in the practice of medicine; that it is made to comprehend much that is spurious and entirely foreign to the real spirit and successful operation of the system. But I hope in this instance it will prove an exception. That the edifice about to rise from this corner-stone, in its grand proportions, will be used to exemplify and perpetuate to posterity that purity and simplicity in

things medical, which were intended by its projectors. That neither eclecticism nor any other cism shall be allowed to tarnish its pure and clean walls or impair the usefulness of the institution.

This grand enterprise was conceived and inaugurated by woman, as essentially woman's work, "for, as all must admit, her kingdom is of the home and in the care of the sick; for this her whole nature is fitted. Why, then, can she not enlarge her kingdom, that it may include others than her own household, who, through misfortunes from which *she* may happily have been exempt, lack the care and active sympathy which she stands ready to bestow."

Ruskin says, "Woman has a personal work or duty relating to her own home, and a public work or duty which is also an expansion of that. What woman is to be within her gates, as the center of order, the balm of distress, and mirror of beauty, that she is also to be without her gates, where order is more difficult, distress more imminent, and loveliness more rare."

Having gone thus far, woman moved forward in her majesty. It was then that Mr. Charles Reed, a very charitable and broad-minded gentleman, who wished to give a portion of his wealth to a cause that would insure the greatest good to the largest number of his fellow beings, placed in her hands at once the munificent sum of forty thousand dollars to found a "Woman's Homœopathic Hospital"—not Allopathic, not Eclectic in any form, but a Homœopathic Hospital—because he knew full well all other formulæ to be false; and he knew, too, that Homœopathy is of divine origin, and that it formulates an immutable law of God in the healing of the sick; in fact, that its leaves are for the "healing of the nations."

Thus far hath woman progressed. Now let the superstructure rise from this corner-stone. Let it be beautifully finished and as beautifully equipped and furnished, for it

is to be a Homœopathic Hospital, an institution pre-eminently suited to the management of pure-minded women; because the system of medicine which it represents is *so nice* and *delicate* in all its applications and operations and with all so *sure* to bring that comfort and benefit to suffering humanity which it is a pure-minded woman's delight to bestow.

And now comes the responsibility of maintaining that order, that purity of principle, and that exactitude of administration which the divine law of cure requires. To assist in this work I shall be allowed to refer to a sure guide in this matter with which every woman in the land should become as familiar as she is with the rules of the nursery. Whatever squares with this guide in the management of the sick is perfectly correct and will ensure an overwhelming success of the hospital. Whatever deviates from the truth so forcibly displayed in this guide, be it ever so little, if persisted in, will serve to weaken, to disintegrate, and finally to destroy a movement so nobly begun. The guide to which I refer is a small book entitled "Samuel Hahnemann's Organon of Homœopathic Medicine." This work bears precisely the same relation to medicine that a grammar does to a language, the arithmetic to the science of numbers, or any other text-book does to its respective science. No woman should allow another to read this work for her and explain to her its contents. Every woman should read it for herself, and re-read it time and time again. This course of procedure would serve to fortify her against all errors of life in this direction and place her in a sort of independence to medical matters to which she is so richly entitled.

Woman, go forward with and in this work, but remember you must be in it as its *esse*. Be true to its cause, be true to the divine law to which I have referred you, and as you work in and with this law, unprecedented success will be yours for all coming time.

THE PATHOLOGY OF CERTAIN DISEASES OF THE SKIN.

CL. T. CAMPBELL, M. D., London, Ontario.

Canadian Institute of Homœopathy, June, 1883.

Modern pathology is taking a somewhat peculiar shape. The discoveries of science, aided, it may be, by the imaginations of scientists, tend towards new theories of the causes and conditions of disease. Instead of considering the various disorders to which flesh is heir as abnormal functional activity in the tissues and organs, we are now taught to view them as disturbances resulting from the presence of parasitic growths of animal or vegetable nature. By this theory the human body is converted into a miniature world, inhabited by a teeming population. Vegetable organisms, we are told, luxuriate on cutaneous hills and valleys; insects wander at will over the surface of the body; worms burrow in its tissues; microscopic birds float in the pulmonic air; while diminutive monstrosities disport themselves in glandular lakes and sanguineous streams, and fill our secretions with a busy mischief-making population. Eruptions on the body, fevers of various kinds, tuberculous diseases; in fact, scarcely a physical ailment is there which is not by somebody attributed to some form of parasitic growth some species of organic germ.

Could we accept this theory implicitly, a pleasant prospect would open before us—both for patient and physician. The work of treating the sick would be greatly simplified. Instead of being a careful student, patiently investigating the manifestations of disease, and seeking among a thousand articles of medical material for the necessary simillimum, the successful practitioner would be a mighty hunter, following to their haunts in tissue and organ the microscopic enemies of humanity and destroying them with the appliances of a select stock of chemical and mechanical artillery.

Without going into the general subject, which would open too wide a field, let me call your attention briefly to a certain class of diseases which are now considered by most pathologists the result of the development of vegetable parasites in the cutaneous tissues; and let us consider whether the evidences here are all clear and unquestionable.

The germic term of *tinea* is given by some dermatologists to those diseases of the skin supposed to be due to the presence of vegetable parasites. These particular forms of growth are here recognized—their names being in inverse proportion to their size. The *achorion schönleinii* accompanies tinea favosa (favus) the *trychophyton tonsurans* is found in the various forms of ringworm, the *microsporon furfur* belongs to tinea versicolor, sometimes called pityriasis. Most dermatologists are agreed on these points, though they are not unanimous. For example, some attribute alopecia areata, to a fungus which they call *microsporon audouini*, while others, who are firm believers in the parasitic theory, yet maintain that in this disease there is no fungus at all. I shall therefore confine myself to the three vegetables that are generally accepted by phytopathologists.

Let me say here that dermatologists are not all agreed in their theories regarding the pathology of these supposed parasitic diseases. Some (Fox, Bennett, and others) consider the fungus as something added to the diseased condition; there is an eruptive disease producing a condition of the skin favorable to the reception and development of the parasite. Others consider the fungus the sole cause of the disease. Wilson considers the disease constitutional and denies the existence of any fungus whatever. Hebra and Hutchinson make all these diseases depend on a single fungus, which presents varying forms, owing to the nature of the nourishment it receives from the dermic soil. Others give a special name to each particular form, and recognize a large number of distinct fungi.

Now, let us look at the three particular forms to which I have referred.

It will be seen that they all consist of certain globular or ovoid bodies, the spores; and certain tubular structures, mycelium, which sometimes contain spores, and are sometimes empty. Viewed on paper, they are distinct forms; viewed by the average microscopist in *propria persona*, they blend into each other, and all forms, as well as other forms not officially recognized, may be found in a single diseased patch of skin.

The theory of phytopathology is that these abnormal appearances are distinct vegetable parasites attaching themselves to the human body, and there growing. According to this theory the spores of these plants come floating through the atmosphere from somewhere till they strike somebody; then they bore down through the horny epidermis, get underneath the surface and come up into the substance of the hair and other tissues where they multiply and develop a forest of microscopic vegetation. This theory transforms the skin in certain diseases into a vegetable garden, and for its treatment the main proceedure must be to plow up the soil, harrow it thoroughly, weed it carefully, and remove and destroy these noxious plants. According to this theory tinea is always contagious, is due to contagion, and is curable mainly by local measures. Is this true?

In the first place most phytopathologists themselves admit that there is something more in these diseases than the mere local manifestation; they nearly all admit that the plant would not grow, or would not be likely to grow, if the soil were not in a suitable condition for its reception; that the parasite will not take root where the local tissue, as well as the general system, is in perfect health.

In the next place we know that these diseases have been and can be cured without local treatment; that while local applications may and do sometimes aid materially, yet perfect cure involves constitutional measures.

Now, while there are in all these diseases certain appearances resembling vegetable forms, it does not necessarilly follow that they are vegetable. Similarity and identity are not synonymous. If these are vegetable growths, where do the spores come from? Why are they not discoverable scattered about on the surface of any person's body? Why are they never found except in the tissues? How do they penetrate the horny epidermis and find a lodgment in the rete mucosum where they are first seen and in which their development begins?

There is a simpler solution for the problem. It is to be found in regarding the abnormal appearance of these diseases as tissue degeneration. Consider these vegetable-like structures to be the cell tissue of the rete mucosum and of the hairs which have been arrested in their development. Instead of growing to their proper shape and size these cells retain their primitive molecular character; perverted from their normal condition, they assume this sporal form. They are not dead cells, vital processes continue in them, but abnormally. By proliferation these molecules increase and where nutriment is more abundantly supplied, as in the hair follicles, they grow into cylindrical and branching shafts. This is not a new theory; we are simply going back to the days before germs were so popular.

The cell is the simplest form of life. Each individual cell is endowed with a distinct vitality; and possesses in itself the powers of growth and reproduction. It is a miniature living organism, possessing the cardinal features of the very highest form of life, those of birth, growth, reproduction of health, disease, death. As the fully-developed and more completely formed human being, when in a state of disease does not necessarily lose its power of growth and reproduction, so the miniature being, the cell, may in disease still grow and reproduce itself. But in both cases the vital processes, abnormally influenced and perverted, will produce forms diverging more or less from the normal stand-

ard. The macrocosm and the microcosm have these characteristics in common. It is questionable how far, microscopists, skillfull though they may be, are justified in taking such minute structures as these perverted cells, and declaring positively whether they are animal or vegetable on account of structural differences. That they are vegetable, is only a hypothesis based on the fact that they resemble vegetable formations in appearance. But a piece of ice is not glass though it has a decidedly vitreous appearance, and a very keen observer would have some difficulty in distinguishing one from the other by sight alone.

Instead therefore of accounting for the pathology of tinea or any of these skin affections on the theory that the surface of the patients body has become a vegetable garden, I prefer the simpler and I think more scientific theory of abnormal development of cell tissue. Differences in appearance might be reasonably attributed to locality.

Holding the view of cell degeneration instead of parasitic growth, what practical points suggest themselves in the therapeutic management of these diseases?

First, as to contagion. If these diseases are not accompanied by vegtable growths are they contagious? They may be, and doubtless are to some extent. The propagation of disease by contagion is quite possible without the aid of vegetation. A separated cell, so long as its vitality exists, may remove from one part of the body and find lodgment and growth elsewhere. No one who has witnessed successful skin-grafting can question this in the case of healthy tissue; and diseased tissue, as I have before shown, has the power of growth, and may therefore easily reproduce itself when transplanted in a new locality, provided the surroundings are similar to those which it has left. An absolutely healthy person will not receive these diseases from contact with those so afflicted; but if there is in his system the psoric taint, even though latent, it is not difficult to suppose that ambulant cells of tinea may effect a lodgment in his

skin, and in propagating themselves serve as the initial lesion, rousing the latent dyscrasia into activity. The inference then would be that it is advisable to protect apparently healthy persons from contact with those diseased, whether we accept the vegetable theory or not.

Treatment. Acceptance of the parasitic theory involves large dependance on local measures to destroy the cause of the disease. Pull out the hairs; scarify the skin; apply chemicals that will kill the fungus, and the disease will disappear we are told. But it will not always, and when it does disappear it is possibly only in hiding, ready to reappear at the earliest opportunity. Local treatment is often of service. In the first place it stimulates the skin, and that is beneficial; in the next place it allows the direct application of remedies to the diseased part and that is not to be despised.

But, after all, the chief dependence must be on constitutional measures. There is a psoric taint—we may as well use the Hahnemannian term—which has to be met by such remedies as Arsenicum, Graphites, Mercurius, Sulphur, and many others, aided by nutritious diet, cleanliness and sunshine.

THE HOMŒOPATHIC GYNÆCOLOGIST.

A REPLY TO DR. HENRY MINTON'S PAPER ON UTERINE DISPLACEMENTS.

L. A. PHILLIPS, M. D., Boston, Mass.

The Homœopathic gynæcologist occupies a somewhat unenviable position in some respects. He excites quite as much as any others the hatred and hostility of the common enemy of Homœopathy, and, worse yet, is the target for the slings and arrows of many of those who should be his friends,—those of his own faith and practice. Yet

despite these attacks from without and within, from front and rear, it is a noteworthy fact that among those who are achieving for themselves the greatest success —conferring upon their patients the most decided and lasting benefit, and winning for Homœopathy the highest honors—are some, at least, of these berated gynæcologists.

The cause of their being specially irritating to their old school critics is readily found in the marked success which the despised principles of Homœopathy, rationally applied, enables them to attain; but this is *not* the cause of complaint or the excuse for the frequent "stabs in the back" which come from our own ranks. And why our Homœopathic brethren are so much troubled about the gynæcologists, and why many are so seriously opposed to specialty practice, in any department, is difficult to understand, and it is not my present object to discuss.

When the attacks come from the class who assume to possess exclusively all truth and all knowledge as to what constitutes Homœopathic practice, and who denounce all who venture to differ with them in any respect as "apostates" and "eclectics," they are received very much as an elephant might regard the attacks of mosquitoes. They may annoy, but they do no harm. But when one who is generally known as a gynæcologist himself, and one who would not, we think, wilfully accuse his associates and friends of dishonorable acts and motives, without just cause when such an one sends a shot in among us and presents as facts propositions which have been often and repeatedly disproved, we feel like calling the act in question and giving his statements a critical examination. I refer to the paper presented by our esteemed colleague and friend, Dr. Minton, at the last meeting of the Massachusetts Surgical and Gynæcological Society, and since published in the *Homœopathic Journal of Obstetrics*, and to tickle the mental palate of a certain class of its readers, reprinted in the *Medical Advance*.

Now it is evident, in the first place, that the writer has taken advantage of his large experience as an author and editor, which has taught him that to command attention an extreme position it most effective, and we can but think that for this purpose chiefly and to call forth the opposition which it was bound to excite, the paper was written. "To win the applause of the galleries," (as is said of Ben Butler) and give greater force to his argument, he has allowed himself to indulge in certain strictures and charges against gynæcologists, which we are very sure he would not wish to have applied to himself or any of his friends, and which, separated from the other matter, he would recognise as untrue, unjust and unwarranted. While we are confident that he would not wilfully wrong, and unjustly defame his brother specialists, he has unwittingly or blindly done so, for the delectation of our critics and enemies.

If there are any in the profession who "attribute every pelvic pain, etc." to uterine displacement, they are not among the specialists; for, more than any others, they seek to differentiate and distinguish one from another the various causes of pain, etc.

If there are any so dishonest, dishonorable and contemptible that they wilfully deceive and wrong their patients by "finding displacement in all cases where there is nothing else," because "examination must reveal something, of course," we do not know them, and do not believe they are to be found among the Homœopathic gynæcologists. If the same is done innocently, or rather ignorantly, it is not by the specialists, but by those who with little knowledge or experience in gynæcological practice, make careless examinations or incorrect diagnoses.

Regarding physical diagnosis or examination, there is room for reasonable difference of opinion without appeal to the vulgar prejudice which holds up its hands in holy horror at an examination of the sexual organs, while viewing with complaisance and even favor other physical exam-

inations. To "all right-thinking" scientific physicians there is no particle of difference between the examination of one organ and any other: a knowledge or definite idea of what is wrong and how to correct it, is their only object. And here let me quote from a paper presented by Dr. Minton to the American Institute of Homœopathy in 1882 and published in the transactions of that year, page 447. This, we believe, expresses much more clearly his real honest convictions on this subject than does this latter effusion. He says: "Those of us who are giving special attention to gynæcology cannot too seriously meditate on the vast importance and necessity of obtaining accurate knowledge in regard to them (the diseases invading the sexual organs of women), for, *until the seat and nature of disease are fully comprehended, it is quite impossible to bring established therapeutics to bear upon them.* If we do not have a clear and comprehensive sense of all that pertains to these derangements, our success as practitioners will not only be doubtful but oft-times we will be called upon to experience feelings of deep mortification. Errors in judgment here, will frequently lead to fatal results, blighting fair prospects for future usefulness and renown; while, on the contrary, success in the diagnosis and treatment of diseases incident to women, will secure to us the lasting gratitude of our patients and prove, beyond doubt, the corner stone of our future fame and fortune."

This is the position taken by all who deserve the name of gynæcologist, and on this base, if any, is their success attained. That a very considerable portion of cases presented do *not* require a physical examination there are none to deny. That in some instances examination is made when there is no sufficient cause, and when no benefit can result therefrom all will admit. While on the other hand we all know that many women have had their sufferings prolonged, and others have even been allowed to die, when a knowledge of the case, which an examination would have

afforded, and an intelligent use of that knowledge, would have enabled their physician to effect a speedy cure. Which is more worthy of condemnation, allowing our class of patients to suffer and die because of prejudice against physical examinations, or making them in some instances when they prove to be unnecessary and useless? I do not advocate indiscriminate and universal examination, by any means, but it should be remembered, that women sent by their physicians, or themselves seeking a gynæcologist will, in a very large proportion of cases, present conditions which needs a more or less thorough examination, indispensable to an intelligent understanding and successful treatment, just as much as the patients sent to any other specialists. What would be said of Prof. Dowling, or Prof. Hale, for instance, if they should neglect to examine a patient suffering from some severe form of heart disease, who had been sent to them as specialists? There is no small amount of *cant* in these complaints about unnecessary examinations, etc.

And now of uterine displacements, we agree entirely with the statement that "only when the uterus becomes fixed and stationary, failing to return to its normal position (from which it might be inferred that it has a *normal position* after all) from a continuance of the condition which displaced it, is treatment called for?" That the various changes of position very properly designated "physiological," *are* sometimes improperly regarded as normal and treated as such, is undoubtedly true, but here again, it is *not* the careful specialist, but the hasty novice, or superficial observer who fails to distinguish between the physiological variations and the pathological dislocations. It is difficult to understand how a man who has made any study of the subject, and observed carefully the conditions attending various forms of displacement, and the effects produced by reposition, and who has made any proper rational use of pessaries, can say that we "have no evidence that uterine

displacement ever causes local or constitutional disturbance of any kind," or "replacement and retention of the uterus in its normal position, affords any relief," or that "no uterine displacement of any kind or degree was ever cured, or even benefitted by the use of a pessary." From those who, knowing nothing about the question practically, argue from a purely theoretical standpoint, or from some who, in a routine sort of way, have introduced rubber rings or some other one form of support, regardless of the nature of the case or the contour of the organs, till disgusted with the necessarily bad results thus obtained they condemn as worthless or harmful, what they have abused, but never properly used; from these we are not surprised to hear such statements. But those who have had the largest experience in the treatment of this class of cases will almost universally testify to the fact that there are many women who, suffering with a uterine displacement, have been *unquestionably relieved* by reposition and support of the organ, which fact alone, disproves both the assertions that "no displacement ever caused any disturbance," and that "reposition and retention never afford any relief." We do not *believe*, we *know* that relief, and more than that, absolute cure of severe suffering attending and consequent upon uterine displacement, has resulted from the use of mechanical support, in some cases in our own experience, although we find comparatively few cases *requiring* the use of pessaries, but because we disapprove the absurd habit of applying a pessary in every case of displacement, of whatever kind or degree, we do not go to the other equally absurd extreme, and condemn all who *ever* use a mechanical support any more than we would condemn a rational use of a splint or a bandage because, improperly and indiscriminately applied, they would do harm instead of good.

If the objective symptoms "afford no therapeutic indications" to those who prefer not to cure rather than do it by any other than purely constitutional treatment, they

do give to others the key-notes which lead them to the remedy, and enable them, by the application thereof both locally and internally, to effect speedy cures in cases which have received no apparent benefit from remedies administered for months or even years on the basis of the subjective symptoms alone. The usual rejoinder that "the failure of the treatment by the former prescribers was not the fault of Homœopathy but of the physician," is no defense of the method; but rather an admission of our claim, that to ignore all except the subjective symptom, and prescribe on the basis of this partial and imperfect knowlege of the case, is *inconsistent with real, genuine Homœopathy*, which demands the totality of symptoms objective and subjective as the basis for the selection of the remedy, and he who examines his patient so as to obtain, most completely, the totality of symptoms, and selects his remedy to correspond thereto most perfectly, is the most sure of success—because he is the best Homœopath—and the rational use of surgical, mechanical or even chemical aids, does not render him any less a Homœopath; nor does the ignoring of and condemnation thereof, constitute a reasonable ground for the claim of the exclusive right to the name.

And now let me rest my case with this query. If the gynæcologists of our school are as uniformly, as surely and as speedily curing their patients as any other class of physicians (and of this there can be no reasonable question), does it not prove that they are as good Homœopaths inasmuch as cures must be effected through the application of the law of *similia similibus curentur*.

With permission, we add an extract, from a lecture given by Prof. Ludlam, last month, before his students, on account of its applicability to the above subject.—PORTER.

"Between the extremes of theory and practice there is a safe and sensible mean. In gynæcology the horizon of applied therapeutics is constantly widening, and new ground is being gained for those who, if they could, would greatly prefer to cure everything

with remedies alone. But it is one thing to be captivated and overconfident, and quite another thing to be convinced from actual experience that the law of cure can possibly cover all cases, medical and miscellaneous, indiscriminately, and that gynæcological surgery might better be dispensed with. In my own mind at least, there is no doubt that in the future we shall be able to accomplish more and more with our remedies; but it is quite as probable that a conservative form of surgery will continue to be necessary in the successful treatmeat of diseases of women.

"If I can convince you clinically, that, whether we prescribe our remedies, or resort to some form of surgical appliance or to operative interference in the practice of this specialty, the conservative idea is the better one, and can encourage you always to cultivate that idea, your gynæcological training will amount to something, and your professional advice will be worth having. For this idea combines strength for common objects with separate resources for special ends. Both elements in the combination are salutary, and neither should be allowed to overpower or to supersede the other."

A CORRECTION.

Editor Medical Advance:

The correction in the September number of THE ADVANCE of an "unfortunate error" made in the "Directory of Homœopathic Physicians of Michigan" is very proper. At the same time the matter is worthy of a little more consideration. The statement in the directory that "Detroit physicians inform us that E. R. Ellis, M. D., is not a Homœopath," contains two "errors:"

First.—Dr. Ellis is now and has been exclusively engaged in the study and practice of homœopathic medicine over 31 years, and longer in Detroit than any others now there, with two exceptions.

Second.—"Detroit physicians" did not give the information contained in the first "error." The whole matter originated with and was a job put up by a disappointed doctor who has now left our state.

Such tricks serve to show what one doctor's reputation would be worth if it was left in the keeping of another who

imagined himself a rival. It may be worth while to mention further that the doctor who devised the above "error" has been advocating for years the propriety of all Homœopath's discontinuing that honorable term of designation and "simply calling themselves *physicians*." The object of this is of course to curry favor with and enable us to affiliate with the quinine and whiskey fraternity. I will venture my opinion that no person now living will ever see the time when there is not a decided antagonism between Homœopathy and modern Allopathy. And in this contest it is our duty to be the aggressors. E. R. ELLIS.

DETROIT, September 24, 1884.

NEW PUBLICATIONS.

HANDBOOK OF THE AGASSIZ ASSOCIATION by H. H. BALLARD, Principal of Lenox Academy.

This small volume of 116 pages is designed as an aid to the young in the study of natural history. It is written in an easy and pleasing style, and will be of great interest to the beginner in this interesting study.

HANDBOOK OF SKIN DISEASES. By ARTHUR VAN HARLINGEN, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic. P. Blakiston, Son & Co. 12 mo., 282 pp.

This excellent manual, of a class of diseases very difficult to diagnose, comes to us from the enterprising publishing firm of Blakiston, Son & Co. It is very concise, yet clear and attractive in style, and will often aid in clearing up "a knotty case."

HAWKE'S CHARACTERISTICS, SECOND EDITION, REVISED AND ENLARGED by the addition of several remedies. Halsey Bros., Chicago. 12 mo., 131 pp. Price $1.25.

This work is designed chiefly for students and beginners in the study of the Materia Medica, and contains a few of the characteristic or so-called "key note" symptoms of the more prominent remedies. It is well printed, in clear type, on one side only, thus leaving a blank page for additions. It is a fine specimen of the printer's art.

THE TREATMENT OF UTERINE DISPLACEMENTS. By W. EGGERT, M. D.; second editon. Duncan Bros., Chicago. 12 mo., 136 pp. Illustrated. Price $1.00

Like a few other writers on this subject the author is a firm believer in the homœopathic treatment of these affections, holding that the patient once rid of her disease by the simillimum, the dislocated organ will no longer offend. This monograph has been carefully re-written, a good repertory added, and brought up to date by the addition of some papers of the Massachusetts Gynecological Society as an appendix, giving the mechanical treatment of this affection.

PRACTICAL MANUAL OF OBSTETRICS. By Dr. E. Verrier. Fourth edition. Enlarged and revised. First American edition, with revision and annotations, by Edward L. Patridge, M. D. New York: William Wood & Co., 1884. Cloth, pp 305. Wood's Library for April, 1884.

In this volume we are shown how admirable can be made a small manual upon so important a subject as obstetrics. Everything is so arranged as to be easy of access; for it often happens that the Obstetrician is called upon to act in an emergency, with very little time in which to decide upon the course he will pursue. Another feature of the work is, that being French it gives us an idea as to the methods most in use in that school. The editor has however been careful to bring this American edition up to the line of American Obstetrics by means of his judicious advance and careful notes.

THE MAN WONDERFUL IN THE HOUSE BEAUTIFUL. An Allegory. Teaching the Principles of Physiology and Hygiene, and the effects of Stimulants and Narcotics. For Home Reading. Also adapted as a Reader for High Schools and as a Text-book for Grammar, Intermediate, and District Schools. By Chilion B. Allen, A. M., L. L. B., M. D., and Mary A. Allen, A. B., M. D. Price $1.50. Fowler & Wells Co., Publishers, 753 Broadway, N. Y.

This work is certainly a decided departure from the usual methods of science teaching, that have been in vogue among our modern authors. The very title of the book shows you that there must be something unusual about it. We doubt whether the allegorical form into which the book is cast, is one that can have very much attraction for those who have reached any reasonable condition of intellectual growth. But for children certainly, and probably for many older persons, there will be a charm in the very involution by which the facts of Anatomy and Physiology are presented to the reader. One thing is certain; and this is that in this work there are many things which all children should know, and which the forbidding technicalities of our ordinary text-books have heretofore rendered inaccessible to them.

THE KNOWLEDGE OF THE PHYSICIAN. A Course of Lectures Delivered at the Boston University School of Medicine, May 1884, by Richard Hughes, M. D. Boston: Otis Clapp & Son.

The recent visit of Dr. Hughes to this country seems to have left good and permanent fruit in the shape of this very neat little volume of lectures. It is hardly necessary to say that the author has maintained his reputation for a scholarly and entertaining style; and that he has here given us a volume that will be read by the profession, and perhaps even by the laity, with much interest. The subjects treated, are the knowledge of Life; the knowledge of Health; the knowledge of Disease; the knowledge of Medicines; Pyrexia and the Anti-pyretics; Rheumatism and the Anti-Rheumatics; Cerebral Localization and Drug Action; the Future of Pharmaco-dynamics.

SURGICAL EMERGENCIES AND ACCIDENTS. By J. G. Gilchrist, M. D., Professor of surgical pathology and therapeutics, University of Iowa. 582 pages, Octavo. Cloth $4.50. Duncan Bros., Chicago.

This is a companion volume to the author's well-known work on Surgical Therapeutics, and fills or should fill a niche in the library of every general practitioner; for what to do first and do correctly in the accidents and emergences of a surgical character is all important, as few can make surgery a specialty. It treats of shock, anæsthesia, wounds of all kinds, heat and cold, asphyxia, injuries to the spine, chest, abdomen, pelvis, etc., besides two excellent chapters on injuries to the eye and ear by D. J. McGuire, M. D., of Detroit. It considers fully the "little things" with which the physician has to do in every day practice and on which our larger works on surgery are too often silent. But while we think the subject matter worthy of commendation, we regret to say that the mechanical part of the book is very far from being a credit either to the publisher or the book-making business of Chicago. If better work cannot be done in Chicago, we advise Duncan Bros. to employ some eastern house for their future publications. The work also is badly marred by proof errors, many of which seem utterly inexcusable, such for instance as those in the long page of *Corrigenda*. Liberal advertising may sell the book; but many who have an opportunity to inspect it personally will prefer to wait for another edition before purchasing.

BOOKS AND PAMPHLETS RECEIVED.

Microscopic observations; internal parasites in domestic fowls, butter and fats. Illustrated. Thomas Taylor, M. D.

Address of President W. B. Childs, M. D., before the Pennsylvania Homœopathic Medical Society, at Pittsburg, 1884. Reprint from the transactions.

E. D. Sniffin's Advertising Reference Book contains a list of all the newspapers and periodicals published in the United States and Canada, and is a valuable reference for every publisher.

Genital Reflexes, the Result of an Abnormal Physical Condition of the Genital Organs known as Phimosis. By T. G. Comstock, A. M., M. D. Reprinted from *New York Medical Times*, pp. 26.

Homœopathy, its Origin and Progress by F. F. De Derky, M. D., pp. 17. Worthy a careful perusal.

THE *Annals of Surgery* a new surgical monthly, to be published simultaneously in St. Louis and London, England, is announced for January, '85. Subscription $5.00 per year.

Medical Record Visiting List; two styles; annual list, with dates; perpetual list, without dates. It is fully up to its usual standard of excellence, printed on first class paper and elegantly bound. For 60 patients a week, $1.50; 30 patients a week $1.25.

Blakiston's Physician's Visiting List, 1885, containing calendar, list of poisons and antidotes, Marshall Hall's ready method in asphyxia, Sylvester's method for producing artificial respiration, with illustrations. Fully up to the usual standard of excellence.

EDITOR'S TABLE.

DR. J. H. SMITH, removes from Chatham, to Springfield, Ill.

J. R. SHANK, M. D., (U. of M.) is in Bay City, Michigan, a partner of Dr. Cunningham.

M. C. REEVES, M. D., (U. of M. '83) has removed from Clinton, Mich., to Cleburne, Texas.

C. L. JOHNSTON, M. D., (U. of M., '84) has returned from his European trip, and located at 187 Madison st., Brooklyn, N. Y.

MARRIED.—At Port Byron, September 18th, Dr. Olin S. Hardy, '84, to Miss Kate Houghtaling, of Port Byron.

MARRIED.—At New Haven, Ct., April 30th, Dr. Carl Crissand, '84, of Rockville, Ct., to Miss Clara Loll, of New Haven.

THE *Therapeutic Gazette* announces the retirement of Dr. Wm. Brodie from and the accession of Dr. H. C. Wood, of Philadelphia, to its editorial chair.

WM. E. KEITH, M. D., has disposed of his practice at Franklin Falls, N. H., to Dr. C. W. Adams (B. U., '84,) and removes west or south in search of agreeable climate.

WITTE'S TRITURATOR.—We are pleased to note that a model of this instrument is regularly catalogued as a part of the Patent Office Exhibit at the New Orleans Exposition.

THE SOUTHERN HOMŒOPATHIC PELLET comes to us in a new dress. It is well printed on heavy uncalendered paper, and is one of the best and brightest of our journals. Success!

MISS CLARA BARTON, the Florence Nightingale of America, president of the American Association of the Red Cross, met with an enthusiastic reception at Geneva, at the recent convention.

W. H. DAVIS, M. D., (U. of M.) late resident surgeon of Homœopathic Hospital, (U. of M.,) has removed to the sunny south, and formed a partnership with Dr. Blackburn at Shreveport, La. We predict a successful practice.

THE Homœopathic Society of Wayne county, Indiana, meets every three months at Richmond. The next meeting occurs the second Tuesday in December, and promises to be interesting. A cordial invitation is extended.

THE *Chironian* a thirty-two page, double column semi-monthly, conducted and published by the students of the New York Homœopathic College, is the latest candidate for professional favor. It is bright, newsy, practical, and we wish it abundant success.

DURING the month of October, the New York Ophthalmic Hospital treated the following: Number of Prescriptions, 5,075; number of new patients, 916; number of new patients resident in the Hospital, 22; average daily attendance, 151; largest daily attendance, 265.

DIED.—We regret to announce the sudden death of Hamilton Ring, M. D., which occurred at Urbana, O., on November 12, 1884. The disease was cerebral apoplexy. About six months ago he had two slight paralytic attacks, from which, to all appearance, he entirely recovered, and was making a professional call when the fatal summons came.

LIPPE'S REPERTORY, revised, enlarged and re-written, with additions from Boenninghausen's Repertory which is a complete repertory of Hahnemann's works, and never before translated, is to be issued complete in two parts, by A. L. Chatterton Publishing Company, N. Y. Part I, now in press.

NOT PERSONAL: The following spicy interchange of views is said to have occurred at Deer Park at the close of discussion of the Bureau of Pædology. *First Doctor*, who had just made a speech on the care and treatment of teething children; "Do you know, I

do not know anything about the treatment of children." *Second Doctor;* "Do you know, that is what I thought when you were speaking."

A HOUSE WARMING. The new wing of the Mass. Homœopathic Hospital has been dedicated with appropriate ceremonies. A modern "house warming" in the form of a fair was held from Nov. 17 to 20 to aid in fitting up the new wards, and was from all account a social as well as a financial success.

THE MAGAZINE OF WESTERN HISTORY is the title of a new monthy published at 145 St. Clair street, Cleveland, Ohio, under the patronage of the Northern Ohio Historical society. The journal is well printed and the first number contains a fine portrait of General St. Clair as a frontispiece. It will also soon have in a serial form a history of Ohio. We commend it to our readers of historical taste, especially those of Ohio, and predict a successful future.

TOO much latin—*Miss Philadelphia*—"And so you enjoyed your tour of Europe?"

Miss Boston—"Oh, indescribably!"

"Did you see the aqueducts in Rome?"

"Yes, and they swam beautifully."

"Swam! What swam?"

"The aqua-ducks, of course."—*Ex*

ACCIDENTAL cures like the following are frequently met with and easily explained by the homœopathic physician: "Harry Sayles, a farmer living near Charlotte, Mich., who for the past nine months has been unable to walk on account of rheumatism, was sitting in his house a few days ago while his hired man was carrying a hive of bees through the room. Accidentally the hive was dropped upon the floor, causing the bees to escape, and Sayles was stung in a hundred places, causing him great pain, but resulting in a cure of his rheumatism. He is now able to walk, and declares himself free from any rheumatic ailment. - *Evening News.*

THE surgeon-general of the army, in his annual report, says the total number of deaths of the year among white troops was 250 or 12 per 1,000 of the mean strength, an increase of 2 per 1,000 over the rate for the previous year. The number of white soldiers discharged for disability was 838. The total number of deaths among colored troops was 22, or 10 per 1,000 of the mean strength, which is 1 per 1,000 lower than the death rate the previous year. He notes the fact that this is not only the lowest death rate yet reached among colored troops since their organization, but it is the first time the rate has fallen lower than for white troops, the usual

difference being 3.2 per 1,000 of the mean strength in favor of the latter class. The medical and surgical history of the war will be ready for issue in about a year.

PREVENTION IS BETTER THAN CURE.—We have received the following as have probably most of our readers: "Please try the following prophylactic for Scarlet Fever and report to me your experience. Take 3 grains of the exfoliated epidermis of the 3d stage of Scarlet Fever. Macerate 24 hours with frequent shaking in 1 ounce of distilled water. Then filter and add to liquid 4 ounces distilled water and 2 drachms of alcohol. Give to persons exposed to Scarlet Fever 3 drops in a teaspoonful of water four times a day. I have used the above remedy for 3 years, and though allowing exposed persons to eat, drink and sleep with the patients, I have never known one take the disease. Will you please keep notes and report to LOUIS B. COUCH M. D. Nyack-on-the-Hudson, N. Y." Certainly; why not? Give it a trial unless you are sure you can do better with something else.

NORTH AMERICAN REVIEW.—The danger of incidental harm to the community, or to certain classes of people, from the increased use of machinery, the extension of public works, etc., is greatly diminished when those who make the laws, and especially those whose duty it is to interpret them, recognize that law is a progressive science; that it is a means not an end; that when a state of things arises for which there is no precedent, a new precedent must be made. How the most enlightened jurists hold this principle constantly in view, and how the common as well as the statute law is thus made to keep pace with the general advance of civilization, is admirably set forth in the leading article in the *North American Review* for December, "Labor and Capital before the Law," by Judge T. M. Cooley, of Ann Arbor, Michigan. This article is not only worthy of perusal but careful study.

HOW TO STOP A JOURNAL.—The following is from *Gaillard's Medical Journal* and freely expresses right views on this subject: "You have undoubted right to stop a paper when you feel disposed, *upon the payment of all arrearages.* Do not hesitate to do so on account of tenderness for the ediior. When you discontinue a paper, do so manfully; don't throw it back to the postmaster and say, 'I don't want it any longer!' and have 'refused' written on the margin, and have the paper returned to the editor. No gentleman ever stopped his paper in that way, no matter if his head is covered with gray hairs that should be honorable. If you do not longer wish to receive a paper, write a note to the editor like a

man, saying so, and be sure that arrearages are all paid. This advice is according to law and equity." This is published as a guide to the reader when he wishes to discontinue other journals; of course no one ever discontinues *this journal.*

THE November *Century* marks the beginning of the fifteenth year of the magazine (the fourth under the present name), and also the beginning of the most extensive enterprise yet undertaken by its conductors,—the recently announced series of papers on the Civil War, by Generals Grant, McClellan, Rosecrans, and others in high rank. The first paper, on "The Battle of Bull Run," is contributed by GeneralBeauregard, who adds to his description of the engagement a postscript on the subsequent conduct of the war on the Confederate side, and his own relations with Jefferson Davis. The illustrations, some twenty-five in number, are largely from photographs made during the war, or from recent sketches of the battle-field, and are by Fenn, Taber, Thulstrup, Redwood and others. The first part of the "Recollections of a Private" begins with the enlistment of the soldier, and continues the description of his life down to and including Bull Run, thus supplementing Gen. Beauregard's account of that battle.

COCAINE HYDROCHLORATE -THE NEW ANÆSTHETIC.—The discovery of the anæsthetic properties of hydrochlorate of cocaine is yet but a few weeks old, and it is therefore difficult to estimate its true value. It seems, however, that at least so far as its application to ophthalmic and aural surgery is concerned, it bids fair to equal that of ether or chloroform, in its importance. With a few instillations of a two or four per cent. solution, a few minutes suffices to render the conjunctiva quite insensible to the action of foreign bodies, such as instruments, etc.; and during the time of such insensiblity the eye may be cut or lacerated with little or no suffering to the patient. Several operations have already been made for removal of foreign bodies, pterygium, strabismus, cataract, etc., and with excellent results. The anæsthesia lasts from ten minutes to half an hour. The only other effects upon the eye noted thus far, are a slight temporary burning sensation, and a midriasis lasting for a few hours. Its action upon the mucous membrane throughout, seems to be identical with that upon the conjunctiva. Its anæsthetic properties were accidentally discovered by a German student, while experimenting with it, getting some in his eye. If further experiments should demonstrate it to be an effective local anæsthetic acting safely on a part of the body it may prove to be a boon to surgery.

D. S. Mitchell M.D.

THE
MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.

VOL. XV. ANN ARBOR, JANUARY, 1885. No. 7.

ORIGINAL CONTRIBUTIONS.

MATERIA MEDICA.

PROVING OF THE SANICULA MINERAL SPRING WATER OF OTTAWA, ILLINOIS.*

BY J. G. GUNDLACH, M. D., St. Louis, Mo.

In accordance with your request I send you the entire results of my proving of the Sanicula Mineral Water, up to date. I would here say, that I have no personal connection with the spring company and in no way expect pay or remuneration. The proving has been made in the interest of science and the perfection of our Materia Medica, and is given the homœopathic profession to enable them to prescribe this water with benefit, when called upon to do so. Any one familiar with the provings of the individual ingredients as contained in the following chemical analysis, by Benjamin Silliman, A. M., M. D., of Yale College, New Haven, Connecticut, of the Sanicula Mineral Spring Water will agree with me as to its importance:

*I have been watching the proving of Sanicula water made by Dr. Gundlach and know the surroundings. I believe the symptoms are genuine and regret that the little symptoms spoken of were not included in the record. But the symptoms recorded stand out strongly. From what I know of the water I believe the recorded symptoms to be the most prominent characteristics. J. T. KENT, M. D.

Chemical constitution of the water of the Sanicula Spring, stated in grains per gallon, viz.: In column A the number of grains in one U. S. standard gallon of 231 cubic inches; in column B the number of grains in one imperial gallon of 277.274 cubic inches:

	A	B
Sodium chloride	92.7995	111.3264
Calcium, chloride	23.5699	28.2338
Magnesium, chloride	23.2687	27.9214
Sodium, bromide	.3220	.3964
Sodium, iodide	.0826	.0991
Lithium, bicarbonate	trace	trace
Sodium, bicarbonate	.9776	1.1723
Calcium, bicarbonate	14.3494	17.2193
Iron, bicarbonate	.0979	.1175
Potassium, sulphate	5.1246	6.1495
Calcium, sulphate	9.6236	11.5483
Sodium, phosphate	.0045	.0054
Borax	trace	trace
Alumina	.0117	.0140
Silica	.5394	.6473
Organic matter	trace	trace
Total solids upon evaporation	170.7734	204.9333
Carb. acid. cub. inches at 60 deg. F	25.6	30.72
Density of water	1.0022	

Authorities.—All the symptoms here recorded are the result of the daily use of the water as it came from the spring, for the period of eleven months. The prover marked C (No. 3) used it about six months; all being under my personal supervision. Symptoms in the proving marked with a figure *one*, were produced on Mr. A—, 35 years old. Has never had any severe sickness, backache, kidney or bladder trouble of any kind, and at time of proving was in good health in every respect. Symptoms marked with figure *two*, were produced on Mrs. B—, age 32. Has suffered from prolapsus uteri, which had been treated by Sepia years ago, and at time of proving was in good health. Those marked with figure *three*, were produced on Mr. C—age 22. never had a sick day in bed in his life, and all the symptoms

were entirely new to him. On beginning the proving he had some symptoms of indigestion, with constipated bowels, which disappeared the first two weeks of the proving. Many little conditions I have not given, only those that could not be doubted and were persistent in their stay and returning. I have potentized the water up to the thirtieth cent. from which Dr. S. Swan, has made the C. M., which can be obtained from him. The lower potencies I will gladly furnish to any who may desire them, in order to have them help me to develop what I believe is to be an important remedy to the homœopathic profession. I shall not give the symptoms as they occurred, but under the different rubrics or parts affected, only stating that those of the urinary organs were first to appear, then those of the bowels.

After sufficient time has elapsed I shall begin the proving anew with the potencies I have made.

Mind.—Has no stability of purpose; constantly changing his work; impossible to keep his mind on one subject, even while in conversation, with feelings of depression; no energy; tired feeling in the limbs, especially the lower limbs; feels better in the open air and worse in a close, warm room.[1] Has on his table six different kinds of work that he has undertaken, no sooner gets started at one thing, than another comes into his head and he drops the first and takes up the other.[1] Though he knows this, yet he cannot help it.[1]

Says at times she is enclined to be somewhat nervous.[2] Irritable, but since drinking the water has been very much worse, so much so that had she not been a christian she should have become unbearable to those about her; often having a queer feeling in her head as if she would go crazy; the least thing in word or action, would upset her, so that everything after that in word or action would be misconstrued.[2]

Melancholy; sadness; depressed spirits; no energy.[1 2 3] Dreads her work, because she feels so weak and exhausted

with irrisistible desire to lie down.[2] She feels drowsy and sleepy even in the forenoon.[2] Great forgetfulness.[2] She forgets what she is going for and has to stop and think, when she remembers what it was.[2]

Sensorium.—Vertigo: with nausea; with feeling as if everything turned around; on going into a low boat house floating on the river; with desire to lean the head against something.[1] A kind of faint smothering feeling, with desire for the outer air.[1] This same condition came also at one time after dark, on going into the boat house.[1] With this, there would be a sensation as if a white cloud passed over the eyes with loss of sight, getting better as the faintness passed off.[1]

Vertigo on rising from a stooping position.[1 2 3] Has been six years in United States Navy; having been a great sufferer from seasickness during all this time.[1] An hours ride on a railroad train, always makes him sick at the stomach with a great desire for cool air.[1] Since the proving has ridden on the cars all day.[1] Can read and smoke, things he dare not do before.[1] He can now sail in boats when the river was quite rough without the least unpleasant sensations.[1] The downward motions of our modern elevator, he could not endure, as it produced a feeling as if everything was giving away under him and as if the top of the head would fly off.[1] This has all been removed since the proving.[1] (Was it the Borax in the water? He had never taken that remedy for that condition, but kept away from the elevators). Vertigo while sitting at desk or table.[1] She has giddy spells when kneeding bread, or on making any such effort, with rush of blood to the head and desire for cool air.[2]

Head.—Dull heavy feeling in the head; felt first on waking in the morning, with feeling as if she had lain the head on a board all night.[2] The dull feeling came from the lower part of the back of the neck, extending to the forehead and eyes, with sensation as if the scalp was contracted from back and fore part of the head to the vertex, while the

skin of the forehead seems to also contract as if frowning, causing a desire to elevate the eyebrows and lean the head back as the muscles of the back of the neck seem too short.[2] This condition gets worse towards noon and is better in the evening.[2] Made worse from motion; leaning the head forward; noise; misstep, or jar of any kind.[2] Better from rest, lying down and sleep.[2] It is at this time when the headache gets bad that she has those crazy feelings given under "Sensorium."[2]

Enternal Head.—Great accumulation of dandruff on the top of the head, with itching on getting the head warm.[1 2]

Cannot stand the cold about the back of the head, feels as if the cold wind passed right through it.[1 2]

Eyes.—The eyes on awaking in the morning feel weak and sore, the light hurts them at first.[1] Lids burn, exuding a sticky substance, which in a few hours dries on the margins of the lids, forming white scales.[1] Corners of the eyes (canthi) burn and smart. Under the scabs small red looking ulcers on the lower lid of the right eye.[1] (Prover No. 1, had a chronic blepharitis marginalis when a child.) Many people in the neighborhood of the Spring go there and bathe their sore eyes and receive much benefit from the use of the water.

Nose.—On taking a severe cold in the head from exposure during a warm bath, there was a very profuse, thin, acrid discharge from the nose in drops, making the lower part of the organ sore and tender to the touch, attended with sneezing and itching.[1] The discharge turned thick and yellow, still being very profuse.[1] Had to blow the nose continually.[1] After this it became thicker and at last formed a yellow, honey comb-like scabs.[1] These yellow, honey comb-like scabs would also come from the posterior nares, at last the discharge became white that came from the throat, and on trying to get it up one end would remain attached and could only get it away by taking hold of it with the fingers and pulling it out, when it would break

off; in so doing it sometimes would stretch two or three feet before breaking.[1]

Face.—Little red pimples mostly on the left cheek.[1]

A constant dull pain along the superior maxillary bone, extending up into the left temple; better from warmth, and worse from cold.[1 2] (This pain lasted over a week, in the case of prover number [1])

Vesicular eruptions on the lips and chin.[1]

Mouth and Tongue.—She awakes in the morning with a dark brown streak down the center of the tongue, which is furred and dry as leather, the sides of the tongue turning up, attended with terrible dryness of the mouth and throat.[2] At times the tongue would adhere to the top of the mouth.[2] All these sensations would pass off after being awake a short time and washing out the mouth.[2] Though the whole mouth and tongue were so dry, yet no desire for water.[2] After sleeping at any time she had the same conditions, though not so bad.[2]

Yellow, thick coating on the back part of the tongue, mouth dry, yet no desire for water.[1 2 3] Bad pappy taste lasting for days.[1 2 3] Bad odor of the breath from the mouth, not coming from the teeth.[1 2]

Desires.—Great longing for the spring water, which no other water can satisfy.[1 2 3] Water that formerly tasted good and refreshing now tastes flat and cannot drink it.[1 2 3] On this symptom I have recommended it for those having a craving for alcohol. The water, by creating such an intense desire for itself, takes away the desire for alcohol. Every old toper in town knows the "sobering up" properties of the the Sanicula, and after a spree they go to the spring and drink all they can, which soon strengthens them and steadies their nerves.

Horses and cattle have been known to swim the river, so intense is their desire for the water. Even birds come and drink and bathe in it.

Stomach.—A glass of the water always seems to help

the process of digestion. The bad effects of a too hearty meal are removed in a short time by a glass of the water. After eating hogs-head cheese with vinegar and raw onions which turned sour and rancid with sensation of lump in the stomach, was soon relieved by a drink of the water. Many cases of indigestion have been cured by the use of the water.

Slow digestion, can taste the food for hours after eating.[1 2] Turns sour on the stomach, with a sort of rancid burning, causing a desire for water, which seems to stop the sour and rancid sensations for a little while only, when it makes it much worse.[1 2] Eructations; sour, rancid, burning; worse after smoking.[1]

Stools.—The stools first become softer and increased in quantity.[1 2] No desire for stool for three or four days.[1 2]

Stools scanty, dry, requiring great effort to expel them; it seemed as if all the effort put forth did not help the expulsion.[1 2] Would take hold of the seat with the hands, hold the breath and strain with all the might, holding the breath until it seemed as if the head would burst.[1 2] On stopping to get breath the stool, which seemed to be on the verge of the anus, would recede.[1 2] The stools would at times be soft, but still requiring great effort to expel them.[1 2] Feces sticky, requiring great care to keep the parts clean.[1 2]

No desire for stool for three days; then very large stool, of small, dry, gray balls.[1] Stool so large and painful feared he would rupture the sphincter, and in order to relieve the *great pain* in the whole perineum which felt as if it would burst, had to restrain the expelling force and pick away these small gray balls, of which the stool was composed.[1] The whole perineum felt sore, and burned for some hours afterwards.[1] Long, slim, yellow stools at least ten inches long, not requiring much effort to expel.[2]

Urine.—Profuse and frequent urination in all the provers. Profuse and frequent urinations, the desire coming on suddenly with feeling as if the urine was just at the

meatus urinarius requiring great effort to retain it, which at times he could not do, when in a short time the urging would stop.[1] At times on trying to retain it while in a stooping posture, a crampy pain passed up along the course of the left ureter, compelling him to get up, (though he could not stand erect on account of the crampy pain).[1] A sensation as if something round was forced up and backwards from bladder.[1] The pain continued some fifteen minutes after passing the urine, becoming gradually better.[1] Passed large quantities of pale urine of low specific gravity, almost equal with that of water.[1] Passed 52 oz. in one day, had passed much more the day before the measurement.[1] Awoke in the night as from great desire to pass water with a sensation as if the penis were dropsical and three times its natural size, which passed off on urinating.[1] All the provers have to get up in the night to pass water.

Male Sexual Organs.—Increased sexual desire.

A few hours after sexual intercourse an odor about the glans penis of *fish-brine*, lasting some times a day or two after the act.[1]

Sexual desire decreased, scrotum relaxed and clammy sweat about the part.[1] The waters have a reputation for curing gonorrhœa in all stages.

Female Sexual Organs.—A few hours after intercourse a slight watery discharge from the vagina smelling of *fish-brine*; washing would not remove it, but would disappear in about twenty-four hours, if intercourse was abstained from.[2]

Menses irregular both as to time and appearance.[2] First thin and watery, pale red, then dark and clotted.[2] Pain before the menses of a cramp-like nature in the region of the womb, like after-pains, ceasing on the appearance of the flow.[2] One time the flow lasted only three days, but had returned in three weeks.[2] The next time it was six weeks before it came and then continued ten days.[2]

Pains also in the back, just above the sacrum.[2] This pain in the back, was more or less constant, worse before

the flow and from motion.[2] Better from rest.[2] With this pain in the back which also was more or less constant, was a bearing down; a sensation of weakness with bearing down in the lower part of the abdomen as if contents would escape, all being made worse from motion, walking, making a misstep or jar of any kind.[2] Better from rest, lying down, and rest in general.[2] Great desire to place the hand on the vulva as all the parts seemed to be relaxed and giving no support.[2] Womb sore, worse from jar or misstep.[2]

Skin.—My little four year old daughter caught and held a honey-bee in her hand, the bee stinging her and causing much pain. Remembering that Nat. mur. antidotes the bee sting, I had her hold the hand under the spring water, which relieved the child of all pain.

Eruptions on the chest just over the ensiform appendix as large as a silver quarter, itching intensely, causing him to scratch until raw and bleeding.[1] Scratching aggravates the itching, with burning and soreness after scratching.[1]

Neck and Back.—Dull aching pain on awakening in the morning, between the scapula, as if I had been in a cramped position all night.[1] The pain extends more to the left side, is deep seated in the muscles along the spine.[1] Stiff feeling not affected by breathing.[1] The stiffnes is some better from motion, but not the pain, this is made worse from moving the shoulders any way or lifting the arms up, better from warmth or rather warmth feels good, but does not relieve the pain.[1] The pain between the scapula makes him hold the body stiff, as the least turning makes the pain worse; has to turn the whole body in order to look around.[1] Must also incline the head forward which makes the neck tired on putting the head in a position to relieve the tired neck, a sharp pain at inner and lower angle of left scapula.[1] These pains on leaving, got better on the right side first, leaving the whole left scapular region very sore.[1] Small boil not inclined to suppurate, on left side of back of the neck, very painful, lasting over a week. (Hepar. and Silica had no

effect, as both are in the water.[1]) Pain commencing on the left side of the umbilicus as broad as his finger, a sore feeling, very sensitive, worse from the slightest touch, going around to the back bone after lasting three days.[3] Just where the pain stopped on the left side of the spine a vesicular eruption, covering a space as large as the palm of the hand; this eruption came along the line of former pain until it reached the umbilicus, where it stopped.[3] The eruption was very sensitive, worse from the slightest touch, burning and stinging.[3] It took three days to come round from the back to the umbilical region, drying up in about a week.[3] A *weak* tired feeling in the lumbar region as if the back was about to break, usually coming on in the morning just after rising, getting worse gradually until just noon, when it would gradually get better as it had come on and by six or seven, P. M., he would be free from *all* pain.[1 2] The pain was accompanied with great restlessness.[1 2] Could not keep quiet or in one position long, some better from motion; when walking desire to put the hand on the small of the back, push and lean back, which seems to give some relief, or when standing desire to lean the back against some hard substance, which also would seem to relieve for a little while, when I would have to walk again.[1 2] This condition lasted over three weeks compelling to resort to some relief.[1 2] (Rhus being the nearest simillimum I knew of, I took it with some benefit.) I could always tell when it was near noon as my back would be very painful.

Upper Extremities.—A sore, bruised feeling of the flesh all along the outside of the left forearm and hand[1]. The same feeling on the inside of both knees[1]. Have had these pains several times in both places but not at the same time[1].

Lower Extremities.—Rheumatic pains in the left hip joint, worse from motion and cold, yet not relieved by rest, and warmth feels good but does not make the pain less[1]. Also pains in the knee joints of the same character[1]. Both are accompanied with the restlessness of the back pains[1]. Sharp

pains in the left knee joint; come on suddenly, last a few minutes, and go away gradually[2]. The pain is so sharp that it makes him cry out to take hold of the knee[2]. Motion or rest does not affect it[2]. On the inside of the thighs an eruption looking red, like little pimples, extending as far down as the kness, attended with itching, worse on the left limb, and at night while undressing[1]. A peculiar tingling sensation in the lower, but never in both limbs at the same time, as if a current of electricity was passing up the limbs ending with a twitch[1]. This has been felt at night while in bed and mostly in the left limb[1]. Awakes at night in the first sleep or soon after going to sleep, with a twitch and start[1]. Feeling in the left lower limb as if going to sleep, with prickling sensations as if electricity were passing through[1]. The will has no power over this[1].

Sleep and Dreams.—Frequent waking during the night. Awakes and finds his arms under his head[2]. Sleep very much broken; night seems long; wishes for morning[2]. Restless tossing about in sleep[2]. Awakes every morning about 3:30 A. M.; does not go to sleep; thinks of the next day's doings[1]. She dreams of robbers and being alone could not go to sleep until she had searched the whole house (this prover knew nothing of the dreams of Natrum mur.)[2]. Has had the same dreams and had he not known the above facts, should have taken his revolver and searched the house, as it was he could hardly keep from doing it[2]. Dreams of murders and having committed murder, with great remorse after it[2]. So great was the impressions that he was happy on finding that it was only a dream[2].

Chill, Fever and Sweat.—Coldness along the spine, worse on going into a colder room, or sitting quiet; better from external warmth and motion [1 2]. Her back is so cold that she burns her dresses in holding her back to the stovepipes in order to get it warm, accompanied with goose flesh on back and arms (this condition lasted so long and was so severe that I gave the prover Capsicum on the

symptom "chills on the back better from external warmth," with some benefit)[2]. Felt chilly all day, yet worse in a warm room[1]. Dull, heavy feeling in the lower limbs, better from motion[1]. Dry mouth[1]. Tongue coated white on the back part, yet no desire for water[1]. The day had been wet and rainy, my feet had been damp as I had to be out[1]. About five P. M. chill got worse with desire to lie down; fever lasting all night, with throbbing headache[1]. Much heat yet no thirst[1]. Slight sweat towards morning, leaving me weak and exhausted[1]. For this condition I took Pulsatilla as I could not stand too much even of a good thing. Had no more chills. She feels just as if she was going to have a chill found in the first series of symptoms[2]; gave Pulsatilla. No chill, says he feels aguish, did not give him anything, but he did not have a chill[3]. The waters have cured many cases of old standing chills.

PECULIAR FEATURES IN MATERIA MEDICA.

C. R. MUZZY, M. D., Newton, Wisconsin.

NO. 4. CHAMOMILLA—THE FRENCHMAN OF MATERIA MEDICA.

Irritable, impatient, he is dissatisfied with everything that others do; he inclines to be angry and out of humor.

"Seeks a cause for quarrelling." If the Frenchman wants to fight, and he generally does if he has a grudge against any one and thinks he can flog him, his ingenuity in finding cause for a quarrel is remarkable.

The Chamomilla patient is cross and frequently makes uncivil answers when questioned. Inclined to be quarrelsome and angry; over sensativeness to pain is exhibited in anger. If you receive insulting words from a sick lady you may look to this remedy for redress. It has been called the Opium of Homœopathy.

To an ordinary observer, (*i. e.* the student of the physiological school of medicine) it may seem strange that a

drug which causes such a state of irritabillty of the nervous system as to be compared, as a simile, to the peculiar temper of the Frenchman, should be thought of as a soothing remedy for irritable women and sick children; yet how well is this natural law portrayed in other than medical affairs as cited by Hahnemann.

"The shriek of the fife and beating of drums near at hand, enables the soldier to endure without fear the clash of arms and din of approaching battles."

"In the midst of movement and tumult of certain quarters of a city, we may not even hear the words which a friend may shout in our very ears, whereas, in the depth of a silent night, we should even hear one single note of a flute at a great distance."

The child cries to be carried about the room and is quiet when carried, by any one, gently about (wants to be carried by its nurse, but cries if any one else touches it, *Antimonium tart.*—must be kept in motion by rocking or otherwise, but can not bear to be looked at, *Cina.*).

Hot cheeks, one red and the other pale; the red cheek is always hot, the pale cheek is sometimes cold. (One cold red cheek, *Moschus*—alternate redness and paleness, *Ignatia*).

Heat of face with cold body during fevers is often seen; cold hands with cold perspiration of the palms, (heat in palms, *Phosphorus*).

Sweating during sleep mostly on head, smelling sour, wetting the hair through (profuse perspiration mostly on back part of head, *Calcarea Ostr.*).

Bilious fevers from anger. Jaundice of children, (in place of *Nux vomica, Cinchona, Mercurius* for adults.)

Diarrhœa, the discharges look like chopped eggs and smell like rotten eggs; green diarrhœa during night with much thirst.

Colic, the abdomen distended, with little or no emission of flatulence; wants to run away from his pains.

Great suffering in labor, the pains force the fœtus upward; colorless urine with every pain (pressing upward with much turning of fœtus causing great suffering, *Pulsatilla*). Burning, smarting and excoriating with yellow leucorrhœa.

Suppressed rash of children with spasms in consequence; clasping in of thumbs with convulsions. Yellow skin-rash of infants. Itching pimples around the ulcer; unhealthy skin, every injury ulcerates (blue around ulcers, *Lachesis*—small boils around a large one, *Hepar.*).

The local manifestation of disease should not be suppressed. The too common practice of poulticing and plastering often removes the peculiar appearance of ulcers and boils by which the proper internal treatment is to be known.

Dry nightly cough of children from tickling in throat—pit (child coughs in sleep without waking, *Bryonia*). Cough worse at night; from crying, from cold air. The toothache, however, re-commences on entering warm room or from taking warm drink (toothache worse both from cold air and warm food or drink, *Phosphorus*).

Generally better when warm in bed except the feet which are often pushed out to relieve burning of the soles (similar to *Sulphur*). The child starts and jumps in its sleep. Sleep full of fanciful dreams; complaints from loss of sleep.

Somewhat like the Irish Belladonna, our Chamomilla Frenchman is given to spasmodic action, convulsive motions and twitchings of the limbs, lips, facial muscles, tongue, eyes and eyelids. Catalepsy, epileptic spasms with foam at mouth, colic before the attack.

When Chamomilla is indicated during dentition, the child exhibits many of its peculiar features. "Starts and jumps during sleep; when awake it must be carried all the time to soothe its suffering; sometimes will only sleep when carried up and down the room. One red cheek and the other pale. Diarrhœic stools with the odor of rotten eggs; dry, hacking cough, very thirsty, appetite not so good as usual, frequent vomiting of sour milk, gums red.

NO. 5. CINCHONA—THE JOHN CHINAMAN OF MATERIA MEDICA.

Indifference and apathy are prominent conditions with this remedy; one despises everything. The projects and schemes are the most peculiar features of the mental symptoms; ideas and plans crowd upon the mind.

How well these peculiarities are portrayed by "John" I leave for the reader to decide after refering him to Bret Harte. I desire, however, to draw attention to the pale sunken face, pointed nose, sunken eyes and the pale sickly appearance in general, and to ask you if the gray yellow complexion does not fit "China" and China*man* equally well.

Ill-humor with disposition to hurt other people's feelings is characteristic; thinks he is very unfortunate and constantly harassed by enemies. Periodicity is very prominent; periodical melancholy, sadness, discouragement, disgust of life, unhappy solicitude over trifles, fretfulness, indifference, laziness, obstinate silence, everything appears worthless and insipid to him. Also has periodical moods of immoderate gaiety; thinks he can conquer the world. Crowding of ideas upon the mind preventing sleep at night.

Headache, faceache; neuralgia of head and face is aggravated by the least touch, but the aching teeth are relieved by pressing them firmly together. Sensitiveness to slight touch is the rule with this remedy; relief by hard pressure the exception. (*Nux vomica* is the reverse in this respect.)

A peculiar case came into my hands in the year 1875. A girl, ten years old, was said to be dying when the family sent word for me to call. It was a case of cardialgia. The paroxysms of pain occurring every twenty minutes, were preceded with vomiting. The girl was greatly emaciated and low in vitality, yet with every pain, she called for her mother to *press hard* upon the pit of the stomach; if her brother was at home she preferred his strength, which was that of a young Hercules. The vomiting of all warm drinks immediately, and cold drinks when warmed in the stomach, with aggravations from moving,

left no doubt as to the remedy indicated. *Bryonia* has "sensitiveness of pit of stomach to touch and pressure," but relief from hard pressure upon the epigastrium does *not* appear in its record. Yet *Bryonia* restored the girl to good health.

We cannot select the right remedy, with certainty, upon the strength of one symptom or condition however prominent it may be; its value is determined by the attending symptoms and conditions—"peculiar features" of the whole.

Heaviness in head and loss of sight; ringing in ears; headache after hæmorrhage or loss of other fluids, as sweat, expectoration, etc. Headache relieved by lifting head from pillow and letting it down again; worse from slight touch, draught of air. (Chamomilla worse from wind about ears).

Swelling of sub-maxillary glands, with pain, during deglutition (worse swallowing liquids, *Belladonna*, *Lachesis*—worse swallowing solids, *Bryonia*, *Hepar sulphur* and *Sulphur*).

Bitter taste in back part of throat; salivation, as after *Mercury*. Weakness in pit of stomach, heavy pressure in stomach after taking a little food, (after a full meal which is relished, fullness and pressure, *Kali bichromicum*—pressure in the stomach two or three hours after eating, *Nux vomica*).

Cough with granular expectoration; cough in day or evening, not in the morning; cough worse from continued talking, (worse from talking or laughing, *Phosphorus*).

Great distension of abdomen after meals, with belching of wind which gives no relief, (belching which gives relief, *Carbo veg.*—see *Lycopodium*).

Great sensitiveness of uterus; metrorrhagia, with clots of black blood; prolapsus of vagina. Uterine hæmorrhages; severe, with deathly palor, fainting, coldness, loss of sight, ringing in ears, must be fannd. Labor pains cease from hæmorrhage; patient cannot bear to be touched, even her hands or to feel the pulse.

Internal violent chills in intermittent fevers; thirst before and after, not during chill; cold hands and feet, with hot head; thirst during sweat which is profuse and debilitating; profuse sweat on the parts on which he lies; pain in dorsal vertebra during the paroxysm; chill from four to five o'clock p. m. It is not uncommon for some novice in the study of homœopathic Materia Medica to claim that Quinine is indicated in almost all cases of intermittent fevers. I have yet to see the first case with the foregoing symptoms after nearly fifteen years of practice. If one is to succeed in *curing* intermittent fevers he must first pave his way by sweeping away all symptoms of drugging with Quinine: a proper knowledge of a few remedies will then enable him to select the one that will finish the work to the satisfaction of his patient and with credit to himself. Quinine will not repair the injury it has done to the human organism.

LYCOPODIUM AFTER CALCAREA OST. WHY?

AD. LIPPE, M. D., Philadelphia, Pa.

Our learned friend, Charles B. Gilbert, M. D., Washington, D. C., has asked me a question, "Why Lycopodium follows Lachesis and Pulsatilla well," in a paper published in the December number of THE ADVANCE, page 305. We will first take up the question at the head of Dr. Gilbert's paper, "Why Lycopodium after Calcarea ost." Hahnemann, in his chronic diseases, tells in the preface to Lycopodium that it (Lyc.) acts especially beneficial if it is indicated after Calcarea has exhausted its effect. That was the experience of Hahnemann. If Calcarea is homœopathically indicated and if, after the curative effects of Calcarea have been exhausted, the remaining or changed symptoms indicate Lycopodium, much good can be expected from it if properly administered; it does not follow that Lycopodium will be the next curative remedy after Calcarea under all

circumstances, by no means. It will only act especially favorable if it is truly indicated under the law of the similars. Why Lycopodium acts so favorably under these circumstances is quite another question, and there are many similar questions of why and wherefore that will never be answered; for instance, why does Caust. and Phosphor. or Apis and Rhus never follow well one after another? The first question is one of "Facts." Who could answer the question, Why does Castor Oil act as a purgative? It is an undeniable fact that it does so act, but why? Because it does! Have we not a living tree I ask my friend? The living tree developed itself under the tender care of the great philosopher, Samuel Hahnemann. We have there first the blade, then the ear and then the full corn in the ear. The blade arose out of the law of the similars, and to make this law bring forth a blade the philosopher ascertained by means of proving drugs on himself and others the sick-making powers of drugs, and thereby created a Materia Medica, with a full symptomatology of every drug, showing how each drug had its own peculiar sick-making properties, and when he and others administered these so proved drugs under the simple and strict law of the similars for the cure of the sick (not for the cure of classified diseases) then grew up the ear, showing marvellous confirmation of the correctness of the law of the similars. And after the great philosopher had found how much more curative these remedies so applied were when he diminished the dose, then came the full corn in the ear, and the homœopathic healing art became a great power for the cure of the sick. It was then that the relative relations of the various proved and applied drugs became known. These observations were made by men fully versed in the symptomatology of our Materia Medica; these facts were put on record, were confirmed by other like good observers. Why is there a differential relationship between cathartics? Now if the mind is in the proper *logical* condition the first thing to answer is,

are there cathartics surely that can be tried? And we suggest to our learned friend to do so. Let him take an appreciable dose of Castor Oil, or if he pleases, a dozen or two of the beans of the Palma Christi, and the cathartic effects will soon follow. But as one witness is never sufficient, we further suggest that our anxiously enquiring friend take a little Colocynthis in an appreciable dose, such as even the celebrated Boston microscopist could not object to, and if that also acts as a cathartic you may become satisfied that even among coarse cathartics there exists a relationship, and that a differentiality exists even between cathartics. If our learned friend begins now to regain the natural vision of mankind, is cured of myopia without Dr. R. Hughes' specific remedy for that supposed *disease*, then he may make a comparison between the tenderly related cathartics, Castor Oil and Colocynthis, and if his propensities to ask questions gradually increase, he will add to the list of cathartics to be compared, say Cuprum and Veratrum. He will eagerly take these and find that each of them causes a different diarrhœa, acts differently as a cathartic; and if his eyesight brightens he will administer minute, potentized doses of the same drugs if he meet a similar set of symptoms such as each of them is capable of producing on the healthy organism in the sick, and he will cure. Furthermore he will learn that relationships exist among drugs and that the very comparisons of the symptomatology of these related drugs assist us in finding the characteristic symptoms of each individual drug and gives us a decided answer as to the reason of their homœopathicity in a given case.

Just as soon as our learned friend, Dr. Gilbert, tells us *why* Castor Oil and Colocynthis are purgatives of a different kind, we shall tell him why Lycopodium and Lachesis follow Pulsatilla well. Try the cathartics first, then try the truth of statements made by hard working healers, and if you find their kind aid offered their brethern not to be

correct please expose them, but take good care to illustrate your experimental failures. And, if in your wisdom and in your superior judgment, you find the work of any author on Materia Medica a hermaphrodite Materia Medica, burn the books; and if pleased better with the new prospective Materia Medica, a veritable pathological picture book, it may be infinitely better to return altogether to the allopathic flesh pots of Egypt. Keep on prescribing for names of diseases, and what then—why—cease curing the sick.

"WHAT SHALL WE DO WHEN THE LAW FAILS?"

BY J. T. KENT, A. M., M. D. ST. LOUIS, MO.

"What shall we do when the *law* fails?" Says Dr. Snow one day when I met him returning from a patient whom he had just visited. But said I the law is not so changeable a thing as to fail to-day and succeed tomorrow; it cannot fail. If you have demonstrated that you have a curable case, the law is always equal to the emergency; it is all-embracing and positive.

But says Dr. Snow: "I administered *Bryonia* in a case of pneumonia and it has not cured the patient; "*I know it was indicated.*" Now my dear doctor I have known the law a long time, and never knew it to fail, indeed I have discovered nothing fallible in it. On the other hand, you my dear doctor, have been known to fail in your selection very often; you have exhibited so many demonstrations of fallibility that one can but believe that your bryonia was not indicated. You must realize my dear doctor that the law is a perfect law or it is no law at all, and that in this perfect law there is no exception, and that homœopathy based upon that perfect law is an applied science, and that it is not homœopathy unless the remedy is similar and curative. The greatest master in the homœopathic art of healing may give a remedy that has no homœopathic relation

to the given disease. The remedy is not homœopathic simply because it is carried in the case of a homœopathic physician. Then it is useless to say that many prescriptions lack the homœopathic relation necessary to a homœopathic prescription. But so often do we hear the expression "I have tried homœopathy and it failed," when as a matter of fact the author of this common sentiment has simply demonstrated his own failure to apply this all-embracing art. The man who says this the loudest is most ignorant of what he professes. We are inclined to be patient with him who admits that the failure is on the part of selection not related to the law. Man is a very fallible being, and must make many errors. Neither would I debar any man from the use of his selected implements; but when I hear the law abused, when I listen to the shifting of the blame from the shoulders of ignorant and fallible man to the infallible law, I cannot keep my seat.

The student should learn what many older men have not learned, that failure to cure curable disease with homœopathic means rests upon the selection, not the law or the remedy selected. How little must he know about the "art of healing," who finds it necessary to resort to palliatives for the "majority" of his cases. It sounds wonderfully wise to the ignorant to hear one condemn an infallible law because he has failed to cure a most simple case with means having no known relation to the disease in hand. I have listened to this too frequently to remain quiet any longer. I could rest were these slanderous remarks from the open enemy, but they come from the impostors in our midst, from men whom the people call homœopathic physicians.

"Where shall we learn this great and perfect law of cure?" It would look well to begin with the grand old Organon of Samuel Hahnemann.

"But we have read Hahnemann's Organon." Yes, you have read it but to laugh at it and reject its doctrines, you have not obeyed the commands contained therein. You

have come to a conclusion that you are wiser than Hahnemann, and you have not exhibited any of the master's success in curing the sick. Upon what do you base your claim to superior wisdom, advancement, or improvement? You scoff at the Organon without knowing its real contents, and you laugh at the master while you are doing a practice showing a much inferior success. You say Hahnemann ignored pathology. It looks strange that a man who was able to show up the inconsistencies of the pathology of his day should be said to ignore pathology; a man who knew enough of it to know its weaknesses. Would that so much could be said of these latter day supporters of the hobby that has lead to no tenets that has not been refuted in less than a decade.

Did Hahnemann ever discourage the study of disease? The man that thinks so had better read the Organon, in its several beginning paragraphs, and the dream will be dispelled.

The learning of homœopathy second hand is mostly the cause of so much lack of success in applying the means that result in homœopathic cures when properly applied. A student goes out from college with no philosophy, or a meagre false one from a professor who has himself never read the Organon but to laugh at it, to practice a modern homœopathy that is said to be an improvement on the old way, but finding that he cannot apply his new found friend in emergencies, falls back on quinine for chills, cathartics to unload the bowels and morphine to relieve pain. Is this an improvement or is it a retrogression? Hahnemann and his close followers never have needed these things to cure the sick; but this so called modern homœopathy must have palliatives in even non-surgical difficulties. What is said here can be proved and has been demonstrated to many skeptical physicians to their entire satisfaction. My life is devoted to the exhibition of these convincing proofs. The man who sits down and sneers and says "I do not believe,"

is not worth talking to; but the man who is willing to learn, may learn to apply the law so universally that palliatives are useless ornaments in his office and the potentized appropriate medicine is every where sufficient. The man who says this cannot be done because "I have tried it," is not worth listening to, as his trial has but demonstrated his own incompetence. As an argument against potentized medicines in intermittents it has been asked: "will you sit down by the bedside of a pernicious intermittent and try to hunt out your similar remedy and let your patient die?" Now it is known that the pernicious intermittent is a dangerous form, and in the south many of these cases die with the best of means, and is it not as sensible to sit down and wait even in this emergency, with our infallible law and boundless pathogeneses, as to continue to administer empirically a drug that has resulted in shocking failure and at the best a small prospect of success. Yes I should sit down and hunt for the similar remedy believing that the greatest good could come to my patient in no shorter way. Yes, with even greater confidence than I ever had when in the habit of giving thirty grains of quinine—then I knew no better way and I am charitable enough to believe this to be the fix of a large number of candid practitioners—candid but with fixed ideas. To the man who knows not the Materia Medica this hunting for a remedy looks like an enormous task; but a few years of correct reading, not book worming, so simplifies matters that the selection is generally rapid in dangerous cases and emergencies. This work was performed by the early homœopathicians with meagre facilities, but now the work is comparatively easy with our very complete repertories. In times of epidemics the repertory should be carried with the physician. The fear that the family will be displeased is a fancy, as the friends are never displeased when success follows the prescription. The success of the school, of each and every physician that accepts the law, depends upon the correct following of the

law or chaos is the end. Great good can only come from the rigid adherance to the law and the inductive method of Hahnemann. The law never fails when it is properly invoked.

OBJECTIVES AND BACTERIA.

BY THOMAS TAYLOR, M. D., Washington, D. C.

For the especial benefit of Dr. Gregg, his readers and admirers, I herewith submit an extract from Dr. Beale's work entitled "How to work the Microscope," published as long ago as 1868, see p. 173.

This paragraph upsets the vaunted original discovery of Dr. Gregg. It would seem, however, that Dr. Gregg made his discovery with a one-fourth inch objective, or with a magnifying power of about 200 diameters, while Lionel S. Beale had to use a power of 1800 diameters, for the like purpose. This shows the superior powers of the Buffalo philosopher. The Doctor states in your monthly for May last that "previous engagements for papers on this, (Bacteria Greggii) and other subjects to several scientific and medical societies, render it impossible to tender these critics (Drs. Taylor and Ray) my full compliments short of two or three months." I would respectfully suggest to the Doctor that he send to his friends and scientific societies a copy of Dr. Beale's paper on pseudo-bacteria, as it probably comprehends about all he can say on the subject. This plan would prove at least economical.

"Those who have had much experience in the manufacture of pseudo-bacteria, could produce a number of objects and advance facts and arguments which would probably fully convince any inexperienced person that there was abundant evidence to prove that bacteria were but the modified particles of certain tissues, although the evidence really points the other way. Perfect looking bacteria may be produced readily enough by gently warming over a

spirit-lamp a little blood placed on a glass slide and covered with thin glass. From the red blood corpuscles under these circumstances numerous very narrow-jointed filamentous processes are seen to project, and from their constant vibration and molecular movements these might be easily mistaken for living bodies, pl. XLI, figs. 260,262. Sometimes they become detached and move about in a manner much resembling certain forms of bacteria. At the same time any one familiar with investigations of this kind would be deceived neither by the general appearance nor by the movements of these bodies. Living bacteria like other living things, come from germs formed by pre-existing living things like themselves."

[This article was in type for the December number, but was accidentally crowded out in "making up." A proof was sent to Dr. Gregg that he might reply for the January number.—ED.]

DR. GREGG'S REPLY.

The foregoing remarks of Dr. Taylor afford me the opportunity, and the proper excuse as it seems to me, to indulge in some plain talk. If the Doctor means to say that I have used only a "one-fourth inch objective" in my work it is simply a falsehood. But while he does not quite say that, he deliberately leaves his readers to infer that such is the fact, and therein ought to be held as guilty as though he had made the statement positive. On another point he purposely misleads his readers, and that is in leaving them to infer that one-fourth objectives have only a "magnifying power of about 200." What does the man mean by such deliberate misrepresentations? For his benefit, and for the benefit of all others who have unblushingly misrepresented me in this matter, I will say that I have used in my investigations as good an eighth objective as I have ever seen; making hundreds of observations therewith, and many of them in comparisons and contrasts with what was to be seen with a fourth objective. If the Doctor, in his asser-

tions, has relied upon what I have understood, but never seen, that a miserable Buffalo character has sent forth against me, he will learn in time the value of relying upon the false assertions of a deliberate falsifier. That man knew I had and used an *eighth objective*, examined my specimens several times with it himself, while he used a fifth and sixth of his own or others; and yet, if I have been correctly informed, he did not hesitate to lie about this whole matter. If there is a meaner character in this world than one who will deliberately falsify in science for the little temporary advantage he may thereby attempt to gain, I have yet to find him.

What, now, about the actual power and reliability of different objectives in bacterial work? It is a *fact* no man can deny that all the different forms of so-called bacteria can be as clearly and distinctly seen by a good fourth of an inch objective, with the tube extended to about full length, as the punctuation marks of common print can be seen by a good eye. I have tested this hundreds of times in rotting fibrin, rotting blood, rotting tendons which are almost wholly composed of fibrin, infusion of liver, common mould, etc., so I know what I am talking about. I have also made this test. I have had dozens of intelligent people who were unfamiliar with the microscope, most of them never having looked into one before, examine with a fourth objective both my dry specimens, and wet ones where the forms were in active motion, and asked them to describe to me what they saw. In every instance the answers were as accurate as the answers of intelligent people would be about the forms of punctuation marks, or objects of similar size. Again, half a dozen or more microscopists who considered themselves experts and were opposed to my views, never one of them said in examining my specimens with a fourth objective that they did not see with it the objects I claimed to see, and of the same form; nor did they ever claim to see different forms in those specimens with higher

powers than the fourth showed. Besides, they all asserted, but without giving other proof than the mere form, that the objects seen were so-called bacteria, so here we have their testimony in addition to all else to prove that the assumed bacteria can be clearly seen with a fourth objective. The late president of the Buffalo Microscopical Club who is one of the best microscopists and scientists I know, referring to the great number of different makes of microscopes and their many accessory appliances, gave utterance to the following in his presidential address in 1883: "One thing I think I can advisedly say, however, that the history of microscopy will show that the most *usefully known* microscopic work has been accomplished with the *simplest contrivances* and the *fewest collateral appliances*." (Italics mine). Every microscopist who has a spark of honor or honesty at heart knows that this assertion is literally true. The less a thing is magnified beyond seeing it distinctly the *more true to nature* we see it. Could the rules of punctuation be more forcibly or better taught by making its marks ten times or a hundred times the size that is usually given them? The greater the size beyound what is necessary, the more you confuse the mind with the mere fact of size, and the more you dwarf the *principles* that underlie it, and withdraw the proper attention from them.

Here is another significant fact. Corner any bacterist with facts that he cannot evade or dodge in any other way, and he will then begin to decry your "objectives," "instruments," "methods," "manipulations," etc. etc., *ad nauseum*, and more than likely add plenty of sneers and personal abuse. They all do it, and their frantic efforts to discredit everybody and everything that does not accord with their narrow one-idea is nothing better than a shabby pretense to a superior knowledge which they do not possess. If this cry were raised against me alone it might have some apparant force, but such is far from the fact. The best of them raise it against each other. Pasteur raises it against Koch,

and Koch against Pasteur, and so on all the way down through the smaller fry. They know enough to imitate, parrot-like, that cry against each other, and that is about all they do know of the real merits of their subject. And now comes Koch with the same old cry against Lewis, Finkler and Prior. Dr. Lewis showed most conclusively in the London Lancet, September 20, 1884, that Koch first made the assertion that the cholera bacillus was a straight rod, and then without deigning the slightest explanation turned square around and assumed it to be a comma shaped body. (He, Koch, does not know that both these forms of his assumed bacilla are developed in every instance where the threads of fibrin are disintegrated by decomposition, whether within the body in disease, or out of it.) Well, Koch, to parry this blow decries Lewis and his knowledge, notwithstanding the latter was in this field of investigation in India long before Koch ever thought of entering it, and prepared there the first specimens ever sent to Europe and the first Koch ever saw. Lewis was fair enough, and broad-enough minded, to take other facts into consideration than their one idea, and that was sufficient excuse for the attempt to put him down.

Never a thought seems to enter the minds of such men that nature is *always* simple, the very extreme of simplicity; and that when the true key to any department of her work is once found and understood there is no such thing as fairly intelligent minds, at work in that field, mistaking what they can clearly see by simple means, or being led into controversies and denunciations of each other about their observations in it. Error and wrong always defeat themselves, and are always their own best destroyers.

Let us now give a few minutes' attention to Dr. Taylor's extract from Dr. Beale. From that crushing sentence of the former: "This paragraph upsets the vaunted original discovery of Dr. Gregg," I supposed, of course, that Dr. Beale knew all about the *facts;* that under any form of

congestion and inflammation, some of the fibrin previously existing in a fluid state in the blood coagulated in the congested part into granules which are the famous micrococci; that when these granules unite in line into short rods they are the vaunted bacilli; that when the said granules form in long lines and unite, or when the short rods join end to end they form long fibrin threads, which separately, are called another form of bacteria; that when these threads, in short or long pieces, contract into spiral form, they are the wonderful spirilli, or spiral bacteria; that when the inflammation ends in suppuration the long threads of fibrin are broken up in the inverse order of their primary organization, spiral threads into shorter and shorter pieces, or vast numbers of short spirilli, straight threads into shorter and shorter straight pieces to reproduce the bacilli, and lastly both bacilli and spirilli breaking up into the granules of fibrin that compose them, furnish the micrococci again in enormous numbers; that under the rotting process of suppuration, or rotting out of the body, the rods, spirals and granules of fibrin all come back to life again if in sufficient fluid to enable them to move freely; and, finally, that in these rotting processes of fibrin all the other forms of the bacteria of disease are produced. I supposed, I repeat, from that short but fatal sentence of Dr. Taylor, that Dr. Beale knew all these and many more *facts* about fibrin, had discounted them all fifteen or twenty years ago, and left not another thing to be ever learned in that field of investigation. Judge of my surprise, then, when I came to read the "paragraph" in question, to find that the word fibrin did not occur at all in it, nor was there the slightest allusion to it. I found, in fact, by reading Dr. Beale's book that he was just as deficient in knowledge of all these and similar facts about fibrin as is Dr. Taylor himself. So even here I found the misrepresentatium Taylorii did not fail to materialize.

What, now, about the figures that Dr. Beale gives of

bacteria under a power of 1,800? I could think of no more striking comparison to make than being called to an acquaintance suffering from erysipelas of the head and face, and the latter swelled almost beyond recognition. Does Dr. Taylor or Dr. Beale know anything more about the cause and nature of a tumor as big as a water pail than one of the size of a filbert, simply because of the greater size of the former? Do they know any more about the principles and forces of nature that produced the elephant or whale, than they do about those that produced the mouse or minnow? Away with all pretense on the mere ground of size.

In conclusion I wish to say that when men emerge from the stage of predjudice, envy, misrepresentation, sneers, spite and hate, on this subject, which seem inseperable from the presentation of any new facts in this world, they will find me ready and willing to meet them half way in the dispassionate and candid discussion of this subject as becomes men, not as parrots or hyenas. And then if they do not find this field far richer in its unfoldings of the mysteries of both life and disease, than any other they ever worked, they may denounce me as a pretender to knowledge that I do not possess, and wholly unworthy of credence.

SELECTIONS.

AMATEUR DOCTORS.

Amateur doctoring is exceedingly common. Great as is the number of ailments which every year are professionally treated at the institutions for which special appeals are to be made all over London, it may be doubted whether the cases in which amateurs every year try their hand at setting right the rickety human machine are not vastly more numerous. Such efforts are especially common in the lower middle class. The wealthier and more intelligent are of course chary of everything but the best professional advice

in matters of health, and the poor are wonderfully ready to run to the hospital and dispensary. It is not that they are averse to amateur treatment—far from it. The well-known story of the cab man who nearly killed himself by swallowing some sort of black draught which had been left in his vehicle, and which he thought might do him as much good as the "party it was meant for," is by no means an exaggerated illustration of the ludicrous readiness with which the more ignorant of the population will take anything in the nature of physic if they are in the slightest degree indisposed. To go to the chemist for medicine, however, is an expensive proceeding for them, and when they need doctoring, therefore, they do not often doctor themselves, but they go to the hospital. People a little above them in their station of life are able to buy their own medicines, and find it cheaper to do so than to waste their time at the hospital, or to go to the private practitioner; and if constant practice in drugging and dosing would make physicians, probably a good half of the population might be entitled to the "M. D." If this should appear to be a somewhat exaggerated view to take, let one indisputable fact be pondered over. Last year the duty paid in this country on patent medicines amounted to £150,000. If we reckon the selling value of the medicine at about eight times this, we have for this one class of medicine alone a total of nearly a million and a quarter of money, all of it spent in amateur doctoring.

It is curious, when one comes to think of it, that people should be so exceedingly ready to set about the remedy of anything amiss in the system of either themselves or those about them. If a man's kitchen clock wheezes and whirrs a little, and presently begins to betray a difficulty in getting along, he will admit at once that he does not know what is the matter with the thing, and will have the clockmaker ordered in to attend to it. If his watch gets a little slow, and does not seem to be amenable to the regulator, he will not even run the risk of touching it here and there with

a little sweet oil; or if his piano gets out of tune in only a note or two, he does not dream of investing three and sixpence in a tuning hammer and put it in order himself. He does not understand the business, he will tell you, and might do more harm than good. But if his own internal mechanism begins to wheeze a little and to show symptoms of running down, if he himself feels somehow a little out of tune, it is very likely indeed that he will be quite confident that he knows all about it, and will forthwith resort to the family medicine chest or the nearest druggist. It may be argued that he probably knows more of his own interior than he does of the inside of a clock or a watch. On the other hand, he may have been studying his own constitution for thirty, forty, or fifty years. Every man, it has been said, is a fool or physician at forty, and there is just enough truth in the saying to make it plausible. But then the remarkable thing is that the amateur doctor is usually just as ready to prescribe for other people's constitutions as he is for his own. Give him ever so slight a hint of your symptoms, and he will at once prescribe for you. He knows, of course, that your mechanism is ten thousand times more intricate and delicate than that of any clock or watch, and it might occur to him, one would think, that in so intricate a machine similar symptoms might possibly arise from very different causes. Nothing of the sort occurs, however. "Pains in your chest, eh? Ah, indigestion, my dear fellow. I used to have that sort of thing terribly. Try a box of Quackle's pills. The finest thing in the world for indigestion."—*London Globe.*

DIOSCOREA.—Pain in right leg from point of exit of sciatic nerve, felt only when moving the limb, or when sitting up.

SCIATICA.—Four cases of sciatica, right side, pains in back and hip and down the course of the sciatic nerve, aggravated from motion, better from rest, have been promptly relieved by *Dioscorea*. Were all recent cases and first attacks. L. B. WELLS.

MISCELLANEOUS.

J. SIDNEY MITCHELL, A. M., M. D.*

Prof. J. Sidney Mitchell was born on the 9th day of December, 1839, at Nantucket, Massachusetts. His father was the Hon. Joseph Mitchell. His early educational advantages were derived first from the grammar school of his native town, and afterwards from the English High School in Boston.

In 1859 he entered Williams College, pursued his studies for four years, and graduated with the honors of his class. He then commenced the study of medicine, and attended lectures at Bellevue Hospital Medical College, from which institution he graduated in 1865. The same year he located in Chicago, and within six months was appointed lecturer on surgical anatomy in Hahnemann Medical College. A year later he was elected to the professorship of physiology, which position he filled with credit for three years. He was then advanced to the chair of theory and practice of medicine, and in 1874 was appointed dean of the faculty. In 1876 becoming dissatisfied with the obstructive policy of the board of trustees of Hahnemann College, along with *ten* of his colleagues he withdrew from that institution, and by and with the authority and consent of the state of Illinois, organized the Chicago Homœopathic Medical College. The direct and most commendable object of the organization of this new institution being the enlargement of the period and course of medical instruction, along with the more thorough clinical training of medical students.

At the first meeting of the board of directors of the new college, he was chosen president and appointed senior professor of theory and practice of medicine and clinical medicine. These two relations to this celebrated institution he continues to fill, with not less honor to the College,

* See Frontispiece.

than credit to himself. In 1882 he was appointed as one of the college representatives on the medical staff of Cook County hospital, which position he still holds.

Professor Mitchell is yet in the prime of life. As a lecturer he is popular, practical and highly attractive. He has a clear and vigorous intellect, is a polished writer, and has contributed some of the most valuable articles to the medical journalism of this country. He is an active member of various medical societies, and in 1881 was one of the delegates to the International Medical Congress, held in London. He is a profound thinker, an indefatigable worker, possessed of executive talents of the highest order, and is unremitting in his advocacy of the principles of Homœopathy. He has a large and lucerative practice among the most intelligent and influential people in the city of Chicago. A refined and cultured gentleman, the noble elements of his nature not less than his professional skill, will ever command the esteem of the fraternity and the public, and surround him with a large circle of warm and personal friends.

ANNOUNCEMENT OF THE BUREAU OF SURGERY, AMERICAN INSTITUTE OF HOMŒOPATHY.

WM. TODD HELMUTH, M. D., Chairman, Bureau of Surgery.

It will be remembered by those who were present at the last meeting of the American Institute of Homœopathy, at Deer Park, that though the subject selected for the consideration of the Bureau of Surgery was of the utmost importance to both physician and surgeon, the time allotted for its consideration was so restricted that not more than three minutes could be allowed to each paper, and that the discussion elicited was nil.

In order, therefore, to gain the maximum of practical information within the shortest time, the Chairman, after consultation with other members of the Bureau, has decided

to depart from the usual routine, and allow but a single synoptical paper to be read, the remainder of the time appropriated to the Bureau being occupied with discussions upon the subject-matter of that paper. Reading, research, and compilation are readily accomplished at home; interchange of thought, the details of practical experience, and the expression of individual opinion are the desiderata of a public meeting.

In view of these facts, the subject selected for the consideration of the Bureau of Surgery at the next meeting of the Institute, to be held in St. Louis, is "The Surgical Diseases of the Testicle (exclusive of the cord)." A paper containing a brief synopsis of the diseases to which the testicle is obnoxious will be read by Prof. I. T. Talbot, M. D., of Boston, and it is hoped that not only the members of this Bureau, but all others interested in this important subject, will prepare themselves to enter into the discussion at the next meeting of the Institute. It is believed that by this method much practical information may be obtained relative to the several diseases of the testicle, which would be necessarily overlooked if the time of the Bureau was consumed by the reading of papers.

PROFESSOR PETTENKOFER ON THE CHOLERA BACILLUS.

The following letter, by Dr. A. N. Blodgett, on the cholera microbe, is taken from the Boston *Medical and Surgical Journal:*

"I take the liberty to inclose to you an extract from an address delivered October 15th, in Munich, by the eminent Professor Pettenkofer, before the Medical "Verein" of that city. The address was made in reply to an article by Frobenius upon the subject of cholera viewed in the light of recent studies and clinical observations, in which the bacillar nature of the infection was maintained.

Professor Pettenkofer said: "I think we all have ample cause for renouncing the 'contagionist' theory in relation to the spread of cholera. We have been led to squander millions of money without any apparent benefit by following these delusive theories. (Italy already regrets her sanitary regulations, etc.) I openly announce that I am forced to sustain and defend my former opinions in regard to the 'localization' of this disease, and I do this with the more confidence and the greater positiveness from the fact that the investigations of Koch have not succeeded in establishing any evidence against their correctness.

"The time is now fully come when the experiment should be made to determine whether the comma bacillus of Koch is capable of producing true cholera. The attempts which have been made upon animals have not been successful. *I freely offer myself for this purpose, and am ready to swallow bacilli which have been cultivated by Koch himself,* provided that no local or temporary conditions exist at the time of the experiment, such as the presence of cholera in the city, etc., by which the results of the trial might be rendered valueless. War has been waged and human lives sacrificed for a less worthy cause than this. *Here the noble object to be attained is so evident that the life of one individual* appears of little importance. My example, which, as I repeat, I freely and willingly make, will find followers. It will not be difficult to find twenty physicians who will offer themselves to confirm my view. Hundreds will follow these, until from the mass of accumulated evidence a correct judgement may be reached. (Professor Pettenkofer also declared his willingness to prepare for the experiment by first inducing a gastric and intestinal catarrh before introducing the bacilli.) I estimate Koch very high as a bacteriologue, and fully recognize his ability in the highest degree, but I must combat the conclusions to which he has arrived."

ONLY A COLT.

In his annual report to the Board of Regents, October, 1883, President Angell said: "The Homœopathic Medical School has not, thus far, secured the attendance which was expected by its friends, although it has been treated generously by the Legislature and cared for with the greatest attention by the Regents. This fact is due partly to the competition of schools which bestow degrees on the completion of a much shorter course than ours, and partly, it must be confessed, from the unfriendly attitude of some who ought to be the friends of a Michigan school. * * But unless the homœopathic physicians of the State, at whose urgent solicitation the school has been founded and supported by the Legislature, generally give it their aid, it cannot in the highest degree accomplish the purpose for which it was organized." While viewing it from his standpoint, the above conclusions of President Angell may be correct, but the above cut more clearly represents the views of the large majority of the profession of the State. The

fact is our University colt has been very badly ridden, and worst of all has been ridden *double;* and that is about what ails it. Its spirit, as well as its spine, is broken; the prognosis is grave, a broken spine is rarely mended. Doubtful if the "Michigan M. D's" can make a vigorous horse of it.

NEW PUBLICATIONS.

LEGAL MEDICINE, by Charles Meymott Tidy, M. B., F. C. S., etc. Vol. III. Wm. Wood & Co., 1884. Wood's Library for January.

The importance of a knowledge of Legal Medicine to the practicing physician does not need to be emphasized. In this work of Tidy's we have one of the best yet published, and one in whose completeness and accuracy implicit trust may be placed. The present volume deals of legitimacy and paternity; pregnancy; abortion; rape; indecent exposure; sodomy; bestiality; live birth; infanticide; asphyxia; drowning; hanging; strangulation; suffocation.

A MANUAL OF BANDAGING, Adapted for self-instruction. By C. Henri Leonard, M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology, Michigan College of Medicine, Detroit. With 139 engravings. Second edition, revised and enlarged. Price, $1.50.

That this useful little book has justly been honored with a second edition, is sufficient praise to bestow upon it. In addition to a very elaborate description and illustration of every kind of bandage, there is also a very complete description of Sayer's spinal apparatus. It is one of the best books on bandaging ever published.

MANUAL OF PHYSIOLOGY: By Gerald F. Yeo, M. D., F. R. C. S., Professor of Physiology in King's College, London. Small octavo, 750 pp., over 300 illustrations. P. Blakiston Son & Co., Phila. Cloth, $4.00; leather, $5.00.

The rapid adoption of this work as a college text-book by so many of our medical schools, is the highest recom-

mendation that conld be given it. It is well illustrated, sufficiently comprehensive yet not prolix, and in a compact manner and pleasing style gives the practical facts of the science of physiology as it at present exists. As a manual for medical students we heartily recommend it. Prof. Sewell U. of M. says: "I am much pleased with it, and consider it well adapted for a student's manual."

HERING'S CONDENSED MATERIA MEDICA: Third edition, revised and enlarged. By E. A. Farrington, M. D., Professor of Materia Medica, Hahnemann Medical College, Phila. F. E. Boericke, publisher. 968 pp. Price, bound in half morocco, large 8 vo. $7.

That a third edition is called for is all that need be said of this best of all our condensed works on Materia Medica. "More than twenty new remedies are given in full, and over forty partially proved drugs are added to the section on relationship; and about 600 choice and well-attested symptoms have been incorporated in the text." The publisher was fortunate in securing Dr. Farrington to revise the text, to whom the profession is under obligations which can be best discharged by promptly purchasing the book.

CRUISING AND BLOCKADING. A naval story of the late war. By W. H. Winslow, M. D., Ph. D. Published by J. R. Weldon & Co., Pittsburg, Pa., 207 pp.

This appears to be a diary of a naval cadet, beginning with his appointment to the academy and giving an interesting account of the many exciting scenes in his career from "middy to master." The description of the naval academy during the ante-bellum days is one of the best we have ever read; while the exiciting scenes in Havana watching rebel cruisers, the chase and capture of blockade runners and many other war scenes in which its hero took part, prove conclusively that "if the doctor can fight as well as write, he can write as well as fight." Our professional friends will enjoy it, and we advise them all to buy it and *read it.*

A MANUAL OF DISEASES OF THE THROAT AND NOSE, including the pharynx, larynx, œsophagus, nose, and naso-pharynx. By Morell Mackenzie, M. D. Vol. II.—Diseases of the œsophagus, nose, and naso-pharynx. Wm. Wood & Co., 1884. Cloth, pp. 400. Wood's Library for August.

The author says: "It is now nearly twelve years since this work was commenced, and during that period there is scarcely a page that has not been written and rewritten many times." The original designs have been enlarged, so that another volume will be required to finish the subject by treating of diseases of the neck.

So careful and able a work should be in the hands of every specialist who wishes to keep abreast of the most recent advances; and the general practitioner will find it to contain much that is interesting and valuable to him in ordinary practice.

A TEXT-BOOK OF PATHOLOGY, ANATOMY AND PATHOGENESIS, by Ernst Zeigler, of the University of Tübingen. Translated by Dr. D. McAllister. Part II. William Wood & Co., 1884. Cloth, pp. 365. Wood's Library for September.

The study of Pathology while not occupying in the homœopathic system of medicine, the same rank that it does in the allopathic, is yet of such great importance that no physician can claim to be broadly educated, or even intelligently versed in his profession, who is not tolerably familiar with the present aspects of this subject.

Our readers are already familliar with Part I of this work, which was devoted to general Pathology. The present volume together with another soon to be published will complete the entire work.

Part II treats of blood and Lymph; the vascular mechanism; the spleen and the lymphatic glands; the serous membrane; the skin; the mucous membrane; the alimentary tract; the liver and pancreas.

The next volume will contain sections on the kidneys, lungs and nervous system.

The general make-up of the book is up to the usual standard of excellence maintained by its publishers.

A TEXT-BOOK OF PRACTICAL MEDICINE. Designed for the use of students and practitioners of Medicine. By Alfred L. Loomis, M. D., LL. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York; visiting physician to Bellevue Hospital. With two hundred and eleven illustrations. New York: Wm. Wood & Co., 1884.

The name of Prof. Loomis is one with which the profession has long been familiar, not only from his contributions to its literature, but also from his long connection with it as a teacher. The announcement of a text-book by him upon a subject with which he was so familiar, was met with many pleasant anticipations, and now that the work is before us, we confess that it is not disappointing. Among many excellencies of the book, is the careful study that has been given to the morbid anatomy of disease, and the profuse and artistic, as well as accurate, engravings illustrating this portion of the subject. Most of these have been made under the personal supervision of Prof. Loomis.

Upon the etiology of diesease, the author has given us the latest and most authoritative views. The recent discussions concerning the *comma bacillus* occured after the chapter upon cholera was written, and hence find no place. The relation of the bacillus tuberculosis to that disease, is accepted as a concomitant one always, and as a causative one probably.

However, unsettled questions has not been allowed to monopolize much space, being briefly referred to in foot-notes, thus economizing the reader's time and attention.

The style in which the work is written is clear, logical and interesting, and is fittingly set forth by means of a most admirable typography. We anticipate that it is destined to secure such popularity as a text-book and work of reference as its manifold merits deserve.

BOOKS AND PAMPHLETS RECEIVED.

MEDICAL EDUCATION. By Henry Leffman, M. D. Reprint. 39 pp.

THE CAT AND ITS DISEASES. By E. M. Hale, M. D. 15 pp. Illustrated.

MURIATE OF COCAINE IN OPHTHALMIC SURGERY. By C. J. Lundy, M. D., Detroit.

A DEFENSE OF HOMŒOPATHY. By A. L. Monroe, M. D., Birmingham, Ala. For the laity.

TWO RARE CASES OF EXSTROPHY OF THE BLADDER. By Wm. Tod Helmuth, M. D., New York. Reprint. These cases are worthy of record.

REPORT OF THE SECRETARY OF THE NAVY. Vol. II, 1883, 622 pp. This volume contains many valuable statistics of the health and diseases of the navy.

SCHOOL SANITATION, with reference to the vision of children. By A. W. Calhoun, M. D., Atlanta, Ga. Reprint from transactions of Medical Association of Georgia.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY of Pennsylvania, 1884: 384 pp. It is well printed, contains many able articles, and is a credit to the society.

A SYNOPSIS OF A TOUR ABROAD. By Edward Borck, M. D., St. Louis, Mo., with observations on hospitals and the International Medical Congress at Copenhagen, Denmark.

TRANS. HAHNEMANN MEDICAL ASSOCIATION of IOWA. 1883 and 1884. Vol. IV. 168 pp. Contains some valuable articles, many of which have already been re-published.

A LAYMAN'S VIEW OF THE POTENCY QUESTION. A. H. Thompkins, M. D., Jamaica Plains, Mass. Reprint from New England *Gazette*. This will repay a careful perusal.

PROGRESS OF HOMŒOPATHY. By George Logan, M. D., President of Medical Council of Ontario. This pamphlet of 10 pages disposes of the oft-repeated boast that Homœopathy is dying.

REPERTORY TO ECZEMA. By C. F. Millspaugh, M. D. 43 pp. Small 12 mo., printed on heavy paper, but on one side only, leaving room for additions. A convenient companion for office table. A. L. Chatterton & Co., New York.

ANNUAL REPORT OF HOMŒOPATHIC HOSPITAL, Melbourne, Australia. 1884. From a dispensary founded in 1869 to a fine hospital in 1884, shows the work done by our Australian colleagues. Number of cases treated to 30th June, 1884, 18,501.

SCIENCE.—The Christmas number of this popular periodical is a gem, and contains many valuable and interesting papers. From the paper on "Earthquakes in the United States and Canada," it appears that in the twelve years from 1872 to 1883, inclusive, 364 have occurred, or one every twelve days. This excludes Alaska.

ANNALS OF SURGERY. Published by J. H. Chambers & Co., St. Louis, Mo. This is a new candidate for professional favor. "The only journal in the English language devoted exclusively to surgery." No. 1 contains 96 pp. of well-written, able articles on surgery. To every one having a taste for the *opprobrium medicorum*, this will be a valuable aid.

WILLIAM WOOD & COMPANY announce the publication of a new work entitled "Hand-book of the Medical Sciences." The prospectus shows a large list of most eminent American writers who are to contribute to it. It is proposed to make the work complete enough to serve as a satisfactory work of reference and of such a size and form as to be easily and readily consulted.

A CLASSICAL GAME.—A most appropriate holiday gift, the "Game of Mythology," has been devised by Mrs. N. F. Cooke, of Chicago. The object is "to enable children to become familiar with the principal characters in heathen mythology," and in treating her material Mrs. Cooke has shown the accuracy of a scholar and the fine sense of an artist in the grouping of her characters. The cards have a pictorial representation of the personages to which they refer, with a brief historical note attached containing much interesting information for the old and young. For particulars address the authoress, 212 Dearborn Avenue, Chicago.

THE CENTURY for January fulfills the promises made for this volume. The first of the illustrated papers is a continuation of Mrs. Van Renssalear's papers on "Recent Architecture in America," the principles of church building being now under review. The illustrations are chiefly of some of the notable edifices in New England, and includes three views of the now famous Trinity Church, Boston. A portrait of Edward Everett Hale, engraved by T. Johnson, is the frontispiece of the number, and is accompanied by a sketch of this popular writer by Wm. Sloane Kennedy. "The Making of a Museum" is the title of a paper by Ernest Ingersoll, with a number of pictures, setting forth the comprehensive plans of arrangement and classification employed at the National Museum in Washington. A poem by John Vance Cheney, telling the Indian legend of "How Squire Coyote brought Fire to the Cahrocs," is illustrated uniquely from clay sketches in bas-relief, by George D. Brush.

Eugene V. Smalley writes of the "Kalispel Country," a portion of northwestern Montana, recently visited by him in the interest of THE CENTURY.

THE NORTH AMERICAN REVIEW for January is an excellent one. It presents no very famous name among its contributors, but it offers a wide variety of unusually readable articles. We are now so safely over the crisis of the preisdential election that men of all parties can consider calmly Bishop Huntington's essay on "Vituperation in Politics," and it is to be hoped that what they learn from it will not be forgotten four years hence. Under the title, "The Reunited South." Henry Watterson presents with great clearness the Southern and Democratic view of the political situation as it now stands. This is also extremely interesting to every citizen whether he agrees with Mr. Watterson or not. But the article that the literary reader will first turn to is Frederic Harrison's brilliant and incisive discussion of Froude's life of Carlyle: " while the religious and philosophical reader will find in Courtney's "Socrates, Budha, and Curist," specific statements and quotations of those parallel doctrines that are often vaguely alluded to. For the scientific reader, Mr. Proctor discusses learnedly "Herschel's Star Surveys," and Prof. Le Conte presents and explains some curious facts in relation to "The Evidence of the Senses." Mr. Mulhall's paper on "The Increase of Wealth" is a successful endeavor to render large masses of figures popularly intelligable.

THE POPULAR SCIENCE MONTHLY.—No magazine does more than this one toward solving for its readers the problem of rational living. It presents that advanced knowledge of nature, especially of man, which scientists are constantly gaining, in a form serviceable to all and stimulating to intellectual growth. The January number teems with thoughtful and practical articles: first comes "A Glance at the Jury System," by C. H. Stephens, who makes the defects of the system very evident, and shows by a sketch of its history that it was not established as a bulwark of popular liberty. In "Agnostic Metaphysics," by Frederic Harrison, and "Last Words About Agnosticism," by Herbert Spencer, the religious discussion by these able thinkers may be said to be closed, for Mr. Spencer states that he shall say no more. "Influences Determining Sex" is an interesting statement by Professor W. K. Brooks of the results of a curious scientific research. The story of Tyndall's student-life, told by himself, under the title "My Schools and Schoolmasters," will be eagerly read. F. A. Lernald contributes an illustrated article on the "Gladiators of the Sea." "Studying in

Germany," by Horace M. Kennedy, contains valuable information for American students. Sir Auberon Herbert's article on State Usurpation of Parental Functions" is profitable reading for those who put their trust in reform by act of legislature. J. H. Pooley, M. D., describes that curious affection, "Bloody Sweat," which will repay a careful perusal.

EDITOR'S TABLE.

In response to many enquiries, we are happy to announce that Prof. T. P. Wilson is slowly, and, we think surely, recovering. He has suffered since August last from nervous prostration, the result of overwork; and we ask the forbearance of our readers for a time, until he is again able to wield his trenchent pen in our editorial columns.

T. F. POMEROY, M. D, has located at 17 Winder street, Detroit, and resumed the practice of his profession.

THE AMERICAN INSTITUTE OF HOMŒOPATHY will convene in St. Louis, Mo., on the first Tuesday of June, 1885.

MARRIED.—At Richwood, Ohio, November 27, 1884, Chas. A. White, M. D., to Miss Lettie Layton, both of Richwood.

IT is especially requested that early intelligence of local events of interest to the profession may be sent direct to THE ADVANCE, at Ann Arbor.

MARRIED.—At Dennison, Iowa, December 16, 1884, J. Kate Laub, M. D., (U. of M., '84) to Wm. T. Perkins, LL. B. (Law of '84) At home, Bismark, D. T.

H. H. CRIPPEN, M. D, formerly assistant of Dr. Phil Porter, has been appointed on the staff at the hospital for "Mental and Nervous Diseases," London, England.

FOR SALE.—Practice of $8,000 per year in a western city of 30,000 population. For particulars, reason for selling, etc., address "O," care of THE MEDICAL ADVANCE,

DR. E. A. CLARKE, well known in Michigan as a skillful and successful practitioner, has located in Los Angelos, Cal. Patients recommended to him will receive careful attention.

THE Central Michigan Society meets at the Hibbard House, Jackson, on Tuesday, January 20, 1885. Some good papers are promised and an interesting meeting is anticipated.

The twenty-fifth commencement exercises of the Hahnemann Medical College of Chicago will be held on Thursday, February 26, 1885, followed by the annual banquent in the evening.

IMPROVEMENT.—We are also pleased to note that the *Medical Investigator* has returned to its first love, and will appear as a monthly for 1885. Your head is becoming level, Brother Duncan.

DR. WINSLOW'S case of cataract, referred to in our November issue, page 255, that was driven out of Pittsburg by the inhospitality of our allopathic friends, went to Philadelphia and lost the eye.

ENLARGED.—Our excellent cotemporary, the *New England Medical Gazette*, has been increased in size, to a 48 page journal, for 1885. In quality it has always been good; now we shall have both quantity and quality. Success.

THE Cincinnati Homœopathic Medical Society elected the following named officers for 1885: President, S. R. Geiser, M. D.; vice-president, M. W. Hawley, M. D.; treasurer, Martha M. Howells, M. D.; secretary, J. P. Geppert, M. D. Meets first Tuesday in every month.

THE second annual meeting of the Alumni Association of Hahnemann Medical College of Chicago will be held on Wednesday evening, February 25, 1885. The address will be given by the president, Dr. L. A. Bishop, of Fond du Lac, Wisconsin.

A DOCTOR at Indian River, Mich., with a practice of $1,200 per year, has only got hold of $16 cash in the past twenty months. The rest has been taken in orders on stores, saw-mills, lime-kilns, tailors, undertakers and well-diggers. One account of $7 was taken out in fiddling and the fiddler could only play one tune. He is not a homœopath.

IN the *Boston Medical and Surgical Journal*, November 20, Dr. Adams, of Framingham, Mass., reports a case of idiopathic peritonitis, with a large amount of pus in the peritoneal cavity. After evacuating the pus the cavity was thoroughly irrigated with carbonated hot water (1-200) and patient recovered. A peculiarity of the case was that from onset to termination, with a temperature at times of 105, there was no pain complained of.

I HAVE tried Vibratory Motion as per Dr. Patchen's method in THE ADVANCE for October and November, and found it of benefit in a case of post-diphtheritic paralysis of the extremeties of a boy age twenty, of three months' standing. The motion was applied twice daily by rapid strokes with a heavy stick for half an hour at a time. The boy, utterly helpless, soon felt stronger, and after two months' treatment was able to walk.

F. E. WATTS, M. D,

We are pleased to note that the trustees of Westborough Insane Hospital, Westborough, Mass., have appointed Dr. N. Emmons Paine, of Albany, N. Y., medical supervisor during the necessary alterations of the buildings, to become the superintendent of the hospital when the asylum is completed and patients are admitted. By his experience at Middletown, N. Y., where for several years he held the responsible position of assistant physician, Dr. Paine is well fitted for this position, and we trust he will maintain the reputation that Middletown has acquired for the superior efficacy of homœopathic treatment in the care of the insane. He takes charge about April 1, 1885.

FOR SALE.—Homœopathic property and practice in a live town of 4,000 inhabitants; surrounding country wealthy; good roads. Business worth $4,000 yearly to any one who can maintain practice already established. House is brick, large and roomy, and so arranged as to have office in the house. Stables and outbuildings in good repair and nearly new. House in central part of city, on corner of two principal streets. Two railroads pass through the town. Short distance to Dayton or Cincinnati. Any one desiring such investment can refer to Prof. C. E. Walton, M. D., Hamilton, Ohio; Prof. D. W. Hartshorn, M. D., 124 West 7th street, Cincinnati, Ohio; Prof. G. C. McDermott, M. D., 118 West 7th street, Cincinnati, Ohio. Protracted illness reason for selling.

IN MEMORIAM.

AT his late residence in Alleghany, Pa., January 5, 1885, of typhoid fever, R. E. Caruthers, M. D., for many years the able and efficient corresponding secretary of the Pennsylvania Medical Society. He was an active member of both county and state organizations, and his loss will be severely felt.

DR. BERNARD, of Mons, Belgium, died October 8, 1884. His death was no doubt hastened by the loss in rapid succession of father, wife and children. He was an able man, the author of several homœopathic works and a frequent contributor to *Revue Homœopathique Belge*. His work on constipation has been translated and reprinted in this conntry.

PHILO G. VALENTINE, A. M., M. D., late Professor of Practice in the Homœopathic Medical College of Missouri, died suddenly at Middletown, N.Y., December 22, 1884. Cut down ere he had reached the acme of his fame and usefulness, Dr. Valentine will be sadly missed from the professional circle of St. Louis, in which he had so ably and earnestly labored to build up the new system of practice. He had taken a deservedly high position in the west as a

scholar, a teacher and a successful practitioner. He was buried at Henderson, Ky.

DR. W. R. GORTON, one of the veterans of Homœopathy in Michigan, died at his residence in Detroit, January 2, 1885, of organic disease of the heart. He was an earnest and honest homœopath, so firm in his convictions that when urged by his physician and friends to accept palliative measures to relieve his terrible dyspnœa, he would reply: "No! I practice what I preach—Homœopathy." He was 64 years of age, and had practiced in Detroit 17 years.

Dr. BERNARD BAEHR, of Hanover, died Oct. 21, 1884, at Gmünden, at the residence of his host, the Duke of Cumberland. He was born at Hanover, April 17, 1828, studied at the Universities of Gottingen and of Vienna, where he first investigated Homœopathy. In 1855 he was awarded the prize of the Homœopathic Central Verein of Germany for his monograph on digitatis, and in 1862 his well known work on therapeutics was published in this country, from which he was best known in England and America. He died of tuberculosis. Homœopathy loses one of its best known and able practitioners in Germany by the death of Dr. Baehr.

DR. CONSTANTINE LIPPE died suddenly January 1st, 1885, at his residence, 68 West 50th street, New York, of pneumonia. Dr. Lippe was born at Carlysle, Pa., in 1839, and was educated at the University of Pennsylvania. On the breaking out of the war, he had just graduated at Cleveland College, but he patriotically laid medicine aside and joined the First Pennsylvania Lancers, and was soon promoted to a captaincy. At the battle of Cold Harbor he received a severe wound from a shell which incapacitated him for service, and from which he never fully recovered. As a classmate in college we knew him intimately. As a man and a physician his death has left a blank hard to fill. As a true follower of Hahnemann, he had few equals and no superiors; a conscientious and able practitioner, a frequent contributor to our journals, and the author of a valuable repertory, for which he was re-writing a second edition. We feel sure the announcement will cause universal regret among homœopathists generally that such an able and energetic worker should be so suddenly taken from the profession which he loved and so well adorned. Among patients and friends his loss will be grievously lamented, and his place will be long vacant. Universal sympathy will be extended to his father, Dr. Adolph Lippe, who loses, in two brief weeks, a cherished daughter and a valued son.

G. M. Pease M.D.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.

VOL. XV. ANN ARBOR, FEBRUARY, 1885. No. 8.

ORIGINAL CONTRIBUTIONS.

A THEORY OF DRUG ACTION.

LEWIS BARNES, M. D., Delaware, Ohio.

We find electric force everywhere, or at least everywhere ready to spring into tangible action. It seems to proceed from the sun as an infinite battery, and to permeate the remotest and deepest recesses of matter. If we look into *Roscoe's Chemistry* we learn that a solution of Quinine rotates a ray of polarised light strongly to the left, Quinodine and Cinchonine to the right, Cinchonodine to the left, Cinchronicine and Quincicine to the right. The point of this matter is that these drugs are endowed with electric currents.

About a dozen other substances are specially noted in *Foster's Physiology*, as marked by left-handed or right-handed polarization. Doubtless every drug is endowed in a similar way, and is therefore especially adapted to outgoing or in flowing vital currents in afferent or efferent nerves, in which there are known to be corresponding electric or magnetic currents; adapted also to the cerebro-spinal or great sympathetic system, and perhaps to the right or left side of

the body. There is a wide field for future investigation—scientific and experimental.

We now see mainly the simple fact that drugs are a sort of electric centers from which currents run through the nervous or fibrillary channels, or conducting media, to the hidden shrines or deeper seats of life.

Now how are drugs curative in disorders—diseases? Let us look at the matter in the light of electric principles, since we have found them in active operation both in drugs and in the human system. The forces which are called positive and negative, attract each other, and when they meet they seem to annihilate each other, and really do so as far as dangerous action is concerned; as, when these elements in outside stormy nature have come together from contiguous clouds in a troubled and disorderly sky, they are harmless and their presence is not felt. Their deleterious powers are mutually annihilated; abnormal action has been stopped.

Now disease is abnormal action in the human system There is a kind of storm there; the winds are contrary; there is disorder. How shall this be corrected? If we can bring about a union between abnormal positive action and abnormal negative action, we shall have them both overcome and reduced to order. Let no one call this unphilosophical. If nature does it in her disturbed and stormy skies, if she purifies her tainted air in this way, there must be true philosophy in the plan, whether some men can see it or not.

Seek, then, some electric agent, some drug in which positive or negative powers are predominant, which, as we have already seen, must be the case with all active drug agents. Apply this in such a way as to bring its positive and negative influences in contact with those of a disordered system, and both will be overcome, suspended or annihilated. The disease will be cured and the poison of the drug destroyed or dissipated.

But something must be said about the manner of selec-

tion. We will suppose, for "the sake of the argument," that we know nothing about any rule or law for this, and that we are trying to find one.

If a drug invades the system in such a way as to affect it at the points and in the manner of some special disease, we may know that it goes where the disorder is; and we may logically say that such a drug alone can be curative, since unless it goes there it can produce no effect upon the disease.

Now if diseases invade the brain or any of its membranes, the head most likely will ache, or there will be stupor, or excitement, or, perhaps, insanity. Any drug whose action is upon the brain, and may therefore be curative of disease there, must also tend to induce headache, stupor, delirium, excitement, etc. Diseases of the lungs will appear in hard breathing, pain, cough, etc. A drug that spends its force chiefly there, must manifest itself in a similar way. Like things may be said of all parts of the system, in regard to all drugs and all diseases. It may be said also that the more perfectly or particularly the effects of a drug correspond with the manifestations of a disease, the more certainly does the drug reach all points of it.

We might conclude from this that drugs are curative on account of these mutual similarities, and whether it is or not here is the best rule to follow. We might say the only rule, since no other is known in any school of medicine. But that cures are wrought by similarity of action might be doubted; for it is known that most drugs, if not all, produce contrary effects. Who then can say which does the work? Most diseases also, if not all present opposite symptoms. Cold and heat in fevers, for instance. Who can say whether cures are wrought by virtue of agreement between their similarities, or through disagrement between their dissimilarities? Some have said that the primary or first action of the drug is the curative one, and that hence we should seek the likeness between this and the symptoms of

disease. But how do they know? And if they do know, how can they tell which class of symptoms in the disease is met by this primary action?

If we should never be able to solve this problem, it could make no difference with the rule of practice. We must give our drugs in such a way that they can reach, penetrate, or cover the disease, and this can be done only according to the correspondence of effects and symptoms, which, as far as we can see, are similar.

But let us return for a little light to the pregnant fact that electric currents prevail in the system, so extensively indeed that they can be found in a severed piece of muscle as vital warmth remains, that they prevail also in the action of drugs, and that a close correspondence must therefore exist between them. Remember in this connection that disorderly currents correct each other when positive and negative come together. These also seek each other, although their action is reversed in two ways; they run in opposite directions and the spires of one are towards the right, and of the other towards the left. And yet they have such mutual affinities that they will leap over chasms of air, and sometimes penetrate solid glass for the purpose of coming together. They also feel so much alike that unless you are an expert you cannot tell the difference between them as they pass through you. One of them, on the end of a magnet, will attract as strongly and hold a piece of iron as firmly as the other. Notwithstanding their seemingly organic differences, they are nearer alike in reality—in all their powers and activities—than any other agents in the universe. So that in correcting their mutual irregularities in stormy skies or in the human system, their work is done according to similarities—by the force of similars.

I perceive, in looking over the above, that it is so brief a statement of principles that it may not be fully understood except by those who are somewhat versed in electric science.

But if any of our practitioners are not so versed, it is time they were, for an agent which is working such wonders in the outside world is able to do great things in the domain of physiology and human life. Readers of the *Advance* ought surely to be advancing as fast as any men anywhere.

MATERIA MEDICA.

WORSE AFTER SLEEPING.—LACHESIS.

CHAS. B. GILBERT, M. D., Washington, D. C.

I have heretofore spoken of this symptom in connection with the will, but there are certain symptoms that are always worse after sleep that are not Lachesis symptoms—pains in the pleura, for instance. The pains are worse from a deep inspiration and the breathing is therefore controlled by the will; in sleep this faculty, like all the voluntary faculties is quiescent, and the breathing involuntarily becomes deeper and deeper, until the patient is awakened by a stitch. Shall we give him Lachesis for the sufferings? Oh, no! the pain is no worse than it would have been if he had breathed the same way while awake, hence the symptoms of the wakeful state are the "guiding symptoms." But when *heart* symptoms become worse from the deep breathing of sleep and the patient awakes, choking and anxious, and must sit up with the night dress unbuttoned at the neck or held away from the chest, and even the cap strings untied, although they may be loose already; then give Lachesis, but don't be foolish enough to sneer at the high potencies of it and so lose a great opportunity. I have used the four thousandth of Leutz with the greatest satisfaction, and in one patient, with spinal trouble, with tremendous aggravation which was proven by repitition. These potencies are said to be hand shaken and made on the centesimal scale.

If ever from a high potency of Lachesis there comes aggravation, give a dose of Belladonna, high. I do not believe that Lachesis can cure any organic disease of the heart. This may all be old to many, but I had to work it out for myself, and should have been very thankful for it a few years ago.

STRYCHNIA IN PARALYSIS.

CHAS. B. GILBERT, M. D., Washington, D. C.

In No. LVII of Braithwaite's Retrospect, p. 33, there is given the history of seven cases of paralysis where *Strychnia* was injected sub-cutaneously in doses of from 1-90 to 1-24 gr.; the symptoms of six of the cases are given below without separating them; the symptoms of the fifth case were as follows: for three weeks complained of numbness of legs and feet with pricking in the feet; fear of walking without holding on to something or looking at his feet; sallow, puffy, unhealthy looking man, temperate, bowels regular. Urine often loaded with lithates and, at times difficult to pass; no albumen. Tight pain or band across stomach.

Had alkalies and 1-24 gr. strychnia by mouth twice a day for a month (2 1-2 gr. in 30 days.) Did well for six months and one day when he again stumbled and returned to former condition; he then had alkalies, and strychnia hypodermically, ten doses from 1-48 to 1-36 gr.; the result we are left to conjecture as good. None of the cases were entirely cured but were very much improved so that they could attend to business. Case 2 had nine injections from 1-90 to 1-60 gr.; six weeks after last dose came back for treatment of cramps in the formerly paralyzed leg which 1-2 gr. morphia in two injections stopped. Two years, six months after—"Keeps well; able to turn the mangle and carry parcels about, the leg remaining as strong as when the puncture was omitted."

SYMPTOMS COMPARED WITH ENCYCLOPŒDIA.

CASES.	ALLEN.
Very nervous; laughs when he should not, (7).	Involuntary idiot-like chuckle, (12) Involuntary fits of laughing (13).
Mouth partially drawn, (7).	Mouth distorted, (320).
Arm weak, but can grasp with fingers, (2).	She was obliged to eat with her elbow resting on the table, the muscles of the forearm being under control, but not those higher up, (878).
Arm and fingers weak; cannot grasp anything, (6, from a bruise and dislocation).	Hands partially paralyzed so that he was not able to hold anything between the thumb and finger, (774).
Arm useless, (7).	He had but little control of his arms, (750).
Pain in spine. Pains in loins and leg after walking, even a short distance, (1, 3). Bends over when walking to relieve the pain, partially in the loins, (1).	A great deal of pain up and down the spine, (690 etc.) Intense aching and stiffness in lower part of back after standing or walking, (703).
Numbness of leg, (1, 3, 5).	Dead numbness all through the limbs and body, (1102). Felt slightly indisposed, the most prominent symptom being a sense of numbness in the back of the legs, (1105).
Coldness of leg, (All).	Extremities cold (1197–4 provers) cold and rigid. (1198). Arms and legs cold, (1199).
Leg feels heavy; has to drag it, (1, 2, 3, 7).	He draws his legs towards his body very slowly; they seem heavy to him (824). Loss of power in lower extremities, (799).
Must walk with canes, (1, 2, 3, 5, 7).	Gait feeble and tottering, (802). Extreme weariness and prostration, (1070 to 1073).
Frequent attacks of sickness with pain and debility.	Sharp pain at intervals in nape of neck and down the spine, (650, 1070 to 1073).
Incessant muscular jactitation, (4) of the spine (4) and—	Spasmodic convulsive twitchings, (874 etc).
Cramps in leg at night, (7).	Cramp-like pains in foot and leg, (859). Cramp pains and twisted sensation in right foot, (1100). Cramp pains, (1105). All pains more cramp-like than rheumatic.
Hemiplegia both right and left, onset sudden (1, 2, 1, [injury] 7);—gradual (3 [injury to spine], 4, 5).	One sided symptoms about equal.

It is an interesting question whether small doses would have done better. It seems to me that these cases were helped homœopathically and that they are proofs that large

doses may cure and still be homœopathic; and one of the strongest proofs of it is the close correspondence of the mental symptoms in case 7.

TRANSLATIONS.

REPORT OF THE CHOLERA EPIDEMIC IN NAPLES, BY DR. TOMMASO CIGLIANO.*

TRANSLATED BY A. McNEIL, M. D., San Francisco, Cal.

Influenza as has been reported preceded the Cholera. This developed here and in the neighboring cities; previously the health of all of these cities had been good in every particular. In the beginning of this year many cases of *grippe* were observed attended by affection of the thoracic and abdominal organs and many times of the bladder. The course of the disease was very different both in symptoms and duration. The accompanying fever which was often confounded with hay fever, appeared usually in the evening and assumed a remittent character in some cases, with profuse sweats at night, and in the morning it simulated consumption when ebulitions to the chest and many times hæmoptysis or epistaxis or even both were present. The abdominal *grippe* was attended by either constipation or diarrhœa and even complicated with intestinal hæmorrhages; and many times it began with vomiting or diarrhœa. The vesical *grippe* I observed in two young people of 15 or 16 years of age, in whom the febrile paroxysms began with strangury or dysury. These different forms were rarely observed in the same individual. Those attended with thoracic affections occurred more frequently in winter and the gastric in summer, and many times they even resembled cholera.

The fever temperature was very peculiar; from a few

*From Die Allgemeine Homœopathische Zeitung.

tenths above normal it ascended in the evening to 106.7 followed by a perfect morning remission or only one to two degrees above normal and many times with profuse sweat. More frequently, however, the sweat and remission were absent and the fever in the abdominal and thoracic forms reached a high point as in typhoid or galloping consumption. Analysis of the urine which revealed the absence of uroxanthin and phosphate of lime removed, however, all doubt. In such a case in a young girl who recovered after a constant fever for 60 days with a temperature of 102 in the morning and 106.7 in the evening, there remained a disposition to cough, coryza and fever on changes of the weather. These attacks of influenza were always protracted although remission occurred now and then. Many times a fever period lasted from one to seven days and abated; then, after a longer or shorter time it reappeared as was observed always on a change of weather or the approach of a storm. Patients whom we believed cured for one or two months relapsed with periods of fever of 21 to 28 days and were only cured (recovered translator) by a change of residence. Yet this did not occur in all cases. These relapses occurred in spite of precautions and at present I am still treating a number of these cases. It is remarkable that the nutrition of these patients continued fair, because they ate with good appetite although at the beginning there was present great aversion to all food.*

The remedies employed against this chameleon-like disease were very numerous. Sulphur iodatum recommended by Allen was not suitable; Camphor acted many times as a palliative. Lead, in the hoarseness and fever accompanying, proved useful many times. Colocynth with abdominal

*These advance guards of the enemy should have enabled the physicians to have discovered the epidemic remedy or remedies. For it is clear that *the* remedy for the one would cure the other, and as Camphor cured the Cholera it would have cut short the influenza if given in the right potency. [Translator.]

and Sarsaparilla in the vesical form have also been of doubtful benefit. Morphium[6] four doses a day, 8 and 10 A. M. and 2 and 4 P. M. cured children when the fever was in paroxysms, but not when continued. Dioscorea vil, acted brilliantly in a man of 80 in whom the fever came twice a day, from 8 to 9, forenoon and afternoon. The fever had been preceded by hallucinations of smell, it seemed to him as if the *diarrhœa fæces of children* were before his nose. In other cases this indication failed and the remedy did not act.

Aconite lessened the fever when it reached a high point Baptisia tinc. also when there were *red or black* strips near the middle of the tongue or bloody diarrhœa with tenesmus. No other remedy—Arsenic, Ipecac., Carbolic acid, the Mercuries, nor other different drugs indicated by their pathogenetic symptoms, shortened, cured or prevented relapses of the fever. Only Dioscorea had this effect, and that but once. Often the remedies produced pathogenetic but not curative effects. An epidemic remedy except the Morphium which did distinguished service, I did not succeed in discovering. For several years I have succeeded with it in almost all cases of typhoid.

Generally this year the usual diseases have assumed a more or less anomalous form. The chronic ones have in a great measure been more aggravated than usual, women who had not conceived for years became pregnant. Teething occurred in a number of children earlier than usual. I saw one boy who brought his incisors with him into the world, and in twenty days the canines followed. A certain cosmo-telluric influence changed the laws of organic life, predisposing to the reception of the disease germs; without doubt this cannot be overlooked.

II.

The symptoms with which Cholera appeared this year were not unusual. It is unnecessary to repeat them and I refer my readers to any text-book of special pathology. I

will only speak of the disinfective, prophylactic, and curative means.

DISINFECTIVES.

The mania for theories has caused here also that uncertainty in practice which is always culpable and dangerous. Yesterday they killed the celebrated Microbes with Carbolic acid; to-day with the Chloride of lime or the Chloride of potash; to-morrow it will be Sulphuric acid, Corrosive sublimate, etc., etc. And in one day all of them are thrown in the privies, dirty corners and on the streets where they poison the air, the dwellings and the inhabitants. Truly we do not know whether hygiene has become toxicology or toxicology hygiene. Only in order that in such a visitation nothing should be left untried, the Sanitary Council on the 12th of September ordered that Sulphur in superabundance should be burned in the public streets and in the dirty corners. If our much lamented Constantine Hering arose out of the grave he would have the right to claim priority in this, for he recommended from the first epidemic to put flowers of Sulphur in the stockings to guard against contagion of Cholera. And this was confirmed in the experiments that were instituted to compare the virtues of the different disinfectants, the Carbolic acid, the Chlorines, Ammonia and the Sulphur fumigation, which were undertaken by Dr. George Sternberg and published in bulletins No. 29 and 30 of the National Board of Health, Washington. It was shown by these experiments that the fumes of Sulphur, a grain, a half, or an eighth of a grain in a vessel of 10 liters control, injure or destroy the microbes more certainly than the before mentioned disinfectants. Based on these experiments the homœopaths from the beginning of this epidemic have advised families to burn Sulphur rolls—in the waterclosets, dirty corners, rooms occupied by cholera patients or in those in which were placed articles which had been used by them. In order to disinfect persons we recommended the fumes of spirits of camphor as

recommended by Hahnemann which possess disinfecting and prophylactic properties. To disinfect the dejections of cholera patients we ordered to add the Camphor spirits by the spoonful. How much better is an apartment the air of which is impregnated with Camphor fumes to that which is poisoned as prescribed by predudice and barbarism and sustained by gen-d'armes.

III.

PROPHYLACTICS.

The fact that the eight persons employed in the laboratories of the Homœopathic Central Pharmacy remained unaffected although brought in contact constantly with all sorts of cholera patients, while engaged in preparing the drug and filling the bottles in the Camphor saturated atmosphere, justified the general confidence which this drug enjoyed as a prophylactic in former epidemics and still enjoys. It was used in the form of Rubini's tincture, one, three or five drops twice or three times a day. Many (about 50,000 persons) have used it and with very few exceptions have remained spared by the former as by the present epidemic, even while attending cholera patients or living in houses occupied by them. Drs. Rubini, Mucci, O'rioli, and myself advised our entire clientele, which embraces about 2,000 families to use the remedy in the above mentioned manner and among them the employes of the typographical institute of the Angelis, about 100 in number and their families about 500 or 600 more, although living in the most infected quarters were protected by Rubini's Camphor. Like results were obtained in the residence of the Sisters of Mercy who numbered more than 600. Usually in these persons thus protected there was only a mild diarrhœa which was cured by more frequent doses of that remedy. In many of these persons there was a light fever or some dullness of the head as pathogenetic effects of the medicine, which disappeared on discontinuing it for a few days. In two young people pains in the stomach developed

which were aggravated by the Camphor, but was cured by Cuprum arsenicosum which proved itself a preventive in these and other cases. A young man who nursed cholera patients abused the Camphor by taking 30 to 40 drops a day and was after 15 or 20 days attacked by a general algid condition and other pathogenetic symptoms of the remedy. He was cured in a few hours by 10 drops of tincture of Opium.

IV.

REMEDIES.

Some homœopathic physicians have on account of an inexplicable aversion to everything new, approve only of the Veratrum, Cuprum and Camphor of Hahnemann; while the German homœopaths on August 10 last, at the session of the Central Verein, glorified Camphor as the principal remedy against Cholera. As my colleagues and myself observing in our clientele well protected by Camphor, no cholera patients, we accepted the poor who sought our advice and assistance at the polyclinic of the Homœopathic Central Pharmacy. We also administered Camphor and gave directions to enable them to treat themselves and others which was done many times. Of these poor we treated 80 and only lost one, an epileptic boy, who while using camphor, took without our knowledge allopathic remedies; and for the same reasons a young girl and a man of 40 died who both took a warm bath during the period of reaction which was ordered by an allopathic physician. Besides these under our personal care we have accurate information of a large number of cures due to Rubini's Camphor which we freely distributed to a large number of persons and which was prescribed by allopathic physicians. The latter notwithstanding their delay of administration on account of their contradictory hypotheses concerning the nature of the disease, their scepticism of the remedy, yet they obtained better results than by another line of treatment.

Based on our observations in the treatment of cholera patients and the careful notes of cures of Cholera made by the laity on themselves or friends we believe that we can establish the following points regarding the effects of Rubini's Camphor:

1. In the prodrominal period, out of 100 cases it soon caused the disease to disappear in all of them.

2. In the beginning of the disease even when vomiting and diarrhœa are present it hinders the full development in 80 out of a hundred. In other cases which it fails to abort quickly and it is perseveringly administered in increasing doses even into the algid stage it brings about the desired reaction if the operation of the drug is not destroyed by the administration of other remedies. In these cases the reaction sets in in two, four, six and exceptionally after 24 or 48 hours.

3. In the algid stage it restores almost as certainly, if the patient from the beginning of the case has not taken drugs, but particularly no laudanum or luke-warm baths.

4. In women the reaction is often slower than in man.

5. In children who usually spit it out it proves efficacious if it is rubbed in on the stomach, temples and axillæ —as may be necessay—every half hour, without internal medication. In the reactionary fever two or three doses in the 24 hours of one or two drops. In the majority of the cases thus located, the fever scarcely lasted 12 hours, seldom a week. Typhoid did not occur at all.

6. On discontinuing the Camphor during the reaction some relapses were observed which it cured on readministration. One or two doses a day sufficed. Only when after each dose dullness or other pathogenetic symptoms occur which must be carefully observed should the drug be discontinued.

7. In the treatment with Camphor all other medication especially laudanum disturbs the beneficial action. The tepid bath in most of the cases is hurtful and dangerous.

So also is the changing of the bed or body linen during the excitement previous to, or during the sweat. The observance of such rules are of absolute importance in order to obtain the beneficial effects of Camphor.

I have had opportunity to observe repugnance to Camphor in some cases particularly with women. But I succeeded in overcoming it by impressing on their minds how much danger they were in without the medicine. This dislike was stronger when the pieces of sugar on which the Camphor was administered, were too small. Rubini's method which I followed was to drop for or five drops in a piece of two centimeters square.* In violent cases I even dropped 10 to 15 drops on a lump. The doses were always given every 10 or 15 minutes till the reaction set in when the intervals were lengthened even if the vomiting and diarrhœa continued In a torpid reaction I ordered the doses given more frequently and also when the urine was suppressed, and also external friction with it and clysters of two to six grains of Rubini's Camphor in oil or alcohol and water, one to five, of course luke-warm. This was also my treatment in violent asphyctic cases.

Camphor taken in water causes extreme repugnance and it is clear why the Leipsic cholera patients abhorred this mode. Moreover I believe that Camphor made with spirits from grain tastes worse than that from wine.

In Naples some of those attacked seeing themselves near to death and without a physician swallowed an entire vial of Camphor containing the third of an ounce, like water and without sugar. One even drank two such vials in from three to four hours. These recovered like the others, but I think a part was vomited. In a couple of desperate cases I have given some strong doses. One, an old drunkard, recovered after I gave him 75 grains of Rubini's Camphor at a dose.

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*The ordinary lump sugar for tea and coffee is suitable.

I am not yet decided as to whether it is better to administer in the beginning two or three large doses and to await the effect without repetition or definite intervals as above mentioned, the future will decide. However those cases were the most fortunate who took at the beginning large doses.

Veratrum and Cuprum were administered to a boy and with a good result. But in another patient who relapsed on account of an error in diet, and went to an allopath who ordered tepid baths and other medication, died.

Aconitin, Aconitum napellus and Cuprum arsenicosum, the first two in the algid stage and the latter in a prevailing gastro-intestinal disorder attended by cramps, deserve a more careful trial in hospitals than can be given in private practice.

Other diluted Homœopathic remedies I could not test because there were too many antidotes in the apartment, by the order of the sanitary authorities, viz., Chlorine gas, Carbolic acid, Sulphuric acid, etc., etc. That they injured the well, endangered the sick and destroyed the action of attenuated medicines is apparent.

Some Homœopaths have Camphor as prepared by Hahnemann given according to Rubini's directions and *vice versa*, but I do not yet know the actual results. But judging by the cures obtained by Dr. Quin in England, and Dr. Liuzzi in Rome, in 1836 they had good results.

As drink I gave mostly fresh water, but little at a time, sometimes with a few drops of rum or cognac added. If they did not retain it I ordered small pieces of ice, but this was not often necessary.

As nourishment I recommended *after the sweat*, meat soup, water soup or bouillon, if the patient desired them. I also ordered a little wine and water. During the vomiting of course I allowed no food; they did not desire any. I, as a matter of prudence, waited till vomiting ceased and the sweat had passed away.

It is apparent that there are in our school two methods for treating Cholera, both of which have proved their efficacy in all epidemics.

1. The method of Hahnemann, the prodrominal stage with Camphor 1 to 12; Veratrum in profuse diarrhœa and colorless vomiting; Cuprum on the appearance of the cramps; and Arsenic and Carbo veg. for the algid and asphyctic stages.

2. That of Rubini's, viz., with Camphor alone, 100 parts of Camphor to 100 of spirits of wine, as prophylactic and remedy in the premonitory, the Cholera itself and the following stages of algidism and asphyxia.

The former is more orthodox, the other easier, prompter and more popular. The former followed carefully from the beginning shows a mortality of from 5 to 8 per cent., the latter .15 to 1 per cent. If, therefore, the half million inhabitants of Naples with 500 physician and 3,000 nurses—one physician and six nurses for each district of 1,000 inhabitants—and on the outbreak of the disease all attacked had been treated with Rubini's Camphor in their own dwellings for ten hours, very few fatal cases would have occurred, and the enormous cost of the ambulance and hospital service would have been spared. What a contrast to what has happened.

If in a city like Naples the cholera may be called a scourge of God, yet when we consider the number who fall victims of those attacked by the disease who are subjected to allopathic treatment, which rests on so many contradictory hypotheses, we must rather assert that man, not God, is the author of the scourge.

From 1838 to 1884 there were nine epidemics; always new hypotheses, always new experiments, and a mortality of about 50 per cent. Of the 11,384 attacked from August 2 till midnight of October 10, 6,042 died. If we consider that of these treated by allopathy, the half were cured (?) and that the number who died in these epidemics, viz.,

5,300 in the year 1836, 13,800 in 1837, 8,500 in 1854, 1,300 in 1855, 2,200 in 1865, 3,470 in 1866, 300 in 1867, and 1,280 in 1873; in round numbers of the 69,000 attacked by cholera, 34,500 died. I do not know in view of the figures whether the many times expressed aversion of the people against allopathic physicians and medicines is prejudice or wise judgement. A healing art which loses half of its patients, and obstinately continues in the same way without seeing its faults. is not fit for the high, holy calling of the physician, and the government which protects it makes itself a partner in its guilt. One can not think otherwise when he considers that if all of those attacked by cholera had been homœopathically treated, even on the most unfavorable estimates of a mortality of 8 to 10 per cent. there would have been instead of 34,500 deaths only 6,800, i. e., 27,700 less than by allopathic treatment, and if we consider this epidemic, there would have been instead of 6,042 deaths of the 11,384 attacked, even if we accept the highest percentage of homœopathic treatment only 1,138.

The statistical differences have been repeated with the most wonderful uniformity throughout the world, and have been corroborated by the report made to the British parliment on March 21, 1855. (See the Cholera Parliment Report). Also in the report based on authentic sources of the 703 cases of Rubini's in the years 1856 and 1857; the 391 cases treated in the Royal Poor House, and in the 3rd Swiss regiment; of the 641 cases of Dr. Tripi's with a mortality of 25 treated at the regiment of Prince Satriano among the troops in Sicily; the 841 cases of Dr. Galti in Genoa with 72 deaths in the same year, and the many other cures made by other physicians in 1836 and 1837, as those of Drs. Grassetti in Turin, Liuzzi in Rome, and de Horattiis, Mauro and Romani, in Naples. These reports may not have been accessable to the Italian and Neapolitan authorities, and yet they could not be ignorant of the statistical comparisons in the newspapers of our own

city, as in the "Corriere del Mattino', of the 27th of July, and the history of Rubini's Camphor in Naples, in the "Napoli" of the 16th of September. Even Rubini himself has not neglected to write long letters to the mayor, the prefects, the cardinals, and all the Neapolitan authorities, and he petitioned the King and all his ministers, praying that in the treatment of cholera, Camphor should be employed, and that half of the cholera hospitals should be intrusted to the homœopaths. But it was impossible to obtain these requests. Truly an excellent illustration of the condition of Italian affairs. Rubini himself 84 years old, but as active as a boy, with his long and well-known experience, begged in behalf of his fellow citizens who were worse afflicted by the ignorance of official medicine than by the cholera itself. But no one had the courtesy to reply to him. Only the Minister Depreti wrote him that he "could not interfere in professional matters, and the employment of Homœopathy and Camphor was of that character." As if it was not the duty of the Minister of the Interior in such misfortunes as now afflict Italy, to observe the lesser or greater mortality of the pitiless scourge on his afflicted people, and to accept joyfully and employ anything that would contribute to lessening the death rate. It is true the statistics were prepared by professional men, but nevertheless, the results as shown by figures, deserve to be regarded by legislators, and his Excellency Depreti has in all his other regulations emphasized utility and order. Why not then prefer homœopathic physicians and their remedies in order to rescue a greater number of cholera patients? It was justified not merely from the standpoint of public order, but from the yet higher one of humanity, which demands that we should rescue as many of the innocent victims as lies in our power. Oh! how many of those spared mourn for mother, father or children, and if this way, which has been shown to the authorities by the homœopaths by statistics had been followed, how many

would be alive to bless the king and his government now? But, no! the welfare and gratitude of the people plays no part in the useless directions of the Sardinian bureaucracy (which forbade Messrs. Giustiniani building a homœopathic hospital at Genoa at their own cost in 1854), and that too, at a time when Italy had attained her majority and and it behoved public functionaries to rule in a more humane and honorable manner.

But now to us European homœopaths, it becomes more than ever our duty to collect comparative statistics of homœopathic and allopathic treatment, not only of cholera but of all other diseases, in order to popularize Homœopathy. The times have changed. It is useless to appeal to the authorities for the welfare of the people, to them it is only an empty phrase; nor to the universities, for to them science is a family affair. We must turn to the people. The cultured must first show that they understand it is better to give the preference to a medical school which guarantees them longer life, less mortality, and less expenditure of time and money in the treatment of all diseases which threaten human life. In this way the American homœopaths have succeeded in obtaining their rights in the universities, hospitals and other public institutions.

SELECTIONS.

THE POTENCY QUESTION.

A writer in a recent issue of a contemporary journal, frankly acknowledges that cures are rapidly, safely and pleasantly made by the milder measures of Homœopathy. He says: "There is no use denying it, Homœopathy to-day is popular. Whatever may be said of public opinion, *it is sometimes right.*" But, not content to receive a fact for what it is worth, and act upon it accordingly, he must, if possible, find some explanation to account for the curative

action of the attenuated remedy. The medical principle is present; its action is convincing; but it cannot be in the remedy; and although nothing else has been given, the patients rapidly recover. Here is his logic:

"Homœopathy has done much for which all should be thankful; that is, its small doses, and the happy results following, have suggested, to say the least, that the remedial principle is elsewhere, and not in drugs. Hear what Prof. Carpenter says, author perhaps of the best book on Physiology, in the English language: "It seems certain that the simple duration of the consciousness to a part, independently of emotional excitement, but with the expectation that some change will take place in its organic activity, is often sufficient to induce such alteration; and would probably always do so, if the concentration of the attention were sufficient. * * * The cures are facts, however they may be explained; and there is scarcely a malady in which amendment has not been produced, not merely in the estimation of the patient, but in the most trustworthy opinion of medical men, by practices which can have no other effect than to direct the attention of the sufferer to the part, and to keep alive his confident expectation of a cure." Indeed the Homœopathists themselves are beginning to think that the remedial principle is elsewhere than in medicine. At a recent meeting of the Homœopathic Medical Society of New York, Dr. H. M. Paine said: "Our experience in the use of high potencies is based, as Hahnemann's was, on theoretical grounds only. It is one of the most singular forms of idealism ever seriously entertained by the medical profession. I firmly believe that when our reputed cures are reported in connection with all cases treated, we shall find that their frequency is not greater than those of daily occurrence without the intervention of medicine of any kind."

The following able answer to this logic is given by Dr. Tompkins of Jamaica Plains, Mass., in his deductions from "A. Layman's View of the Potency Question," read before the *Boston Homœopathic Medical Society* and published in the *N. E. Medical Gazette* of November:

"The preceding colloquy has been written to illustrate how poorly defended our school would be against one who should occupy the vantage-ground of an acknowledged worthlessness of high potencies from which to rake our entire claim to the respectful consideration of the world.

As we have seen, the value of potencies above the twelfth centesimal rests upon the same evidence as that which sustains the rest of the homœopathic structure. Were it, therefore, within the power of any man to remove the pillars supporting the one, he would also be potent enough to bring down the whole temple, like Sampson of old.

We cannot in one breath proclaim Homœopathy an inestimable boon to suffering man, and in the next admit that our ablest practitioners find thirteen years none too long a time in which to discover whether they are using "almost exclusively" some medicine or none whatever. What circumstance has made it possible for us to entertain this question whether, after all, we may not have been mistaken in thinking a single cure was ever wrought by a potency above the twelfth centesimal?

Is not the mischief here? Have we not caught a skepticism from those who have more cause for it; from a school who prove medicines upon the sick, and who, therefore, in advance of the first clinical use, have no reason for supposing they will or will not cure, and after such use have only the numerical method by which to guess whether they will be useful in the future.

Let us not surrender to the doubters our belief in the reliability and worth of *individual* observation, when such observation records the *fulfilment of a prediction*, the *verification of a law.*

A recent clinical contributor of our society admitted he believed *glonoine* helped the cases reported; but he would not *affirm* it. Could an affirmation have added any force to the simple statement of his belief, as it was, by his thorough exhibition of the facts in the case? Why, then, should he affirm it, or think it necessary to state his inability to do so?

A clinical report which bears internal evidence of accuracy in observation, conscientiousness in recital, singleness of medicinal force exhibited, intimate similarity in the drug

chosen, prompt and substantial relief to the patient, especially in those particulars which most strongly marked the similarity,—does not such a report come as near establishing its fact as the nature of our art admits of? With something short of a Euclidian demonstration we must needs be content. I omitted one element, if the case is to be offered as a model. There must, by all means, be freedom from coincident changes in the patient's habits, unless shown to be of the most trivial nature.

Such reports as these sway us in our practice with all the force of indubitable fact. Let us not abandon the avowal of their right to do so, whether the experience was obtained with low or high potencies, making broad, at the same time, the distinction between this and the mire of undiscriminating credence of clinical reports. We shall not then find ourselves returning from a sick-bed where a well-indicated remedy, even in two-hundredth potency, has so quickly turned the tide from ebb to flow that no earthly evidence could strengthen our conviction that it was the work of the medicine, to sit down in our study and write: "If we should have to recognize as cures only those following the use of, at most, the sixth trituration or tenth dilution we should not hesitate to do so,"—a practical denial that individual observation, however carefully and intelligently made, is competent to determine a clinical fact.

Let us now suppose Hahnemann himself such a sceptic. Would he not have begun by so distrusting those scattered clinical data, from the perusal of which he caught the first glimpse of a law, that he would never have taken the trouble to build even a surmise upon them? Or, having permitted himself the folly of giving some credence to these, would he not have thought it fatuity to attempt alone the verification of suspected law by experiments at the bedside? I need not wait your answer. The matter would have vanished from his mind, a mere conceit, as it had done from some earlier minds.

But have we not from the earliest time asserted that honest experiment was all that Homœopathy required at the hands of its worst deriding scoffers? To what avail should we persuade them to clinical experiment were they to prove as able as ourselves to ignore the evidence of their senses, or evade its bearing under the plea of exceeding deceptiveness of appearances? And what of strength remains to our medical position when we, whose doses at the largest are far too small to carry a presumption of adequacy, no longer dare claim that the intelligent and careful experimenter would find the clinical results unequivocal?

We ought not to place ourselves in the anomalous position of insisting that certain evidence shall be sufficient to establish a low-potency cure but quite insufficient for the certifying of a high-potency cure.

We have never practiced the aggregation of reports of low-potency results in order to know whether any of such results were cures, though we have done so for the ascertainment of the relative efficacy of high and low potencies, some efficacy being admitted for both. Shall we now say that nothing less than the exhaustion of clinical records for positive and negative results of the use of high potencies can establish a single high-potency cure? No; our strongest advocate of the abandonment of potencies above the tenth or eleventh does not claim this. On the contrary, you will observe, on pages 10 and 11 of his "Plea for a Standard Limit of Attenuated Doses," that he makes a suggestion for such wholesale ransacking of clinical records, not for this purpose, but to determine which are *more* efficient, those above or those below the aforementioned limits, or says that nothing short of this thoroughness of comparison could decide "so subtle a question."

Bethink you now on what attitude of ours it could better please our foes to turn the public gaze than on this of laboriously poring over musty records to discover, if haply any difference existed, which had cured the larger percent-

age of cases, homœopathic medicine or no medicine; for into such a search does this resolve itself if an utter lack of medical virtue in potencies above the twelfth is to be postulated. Subtle question indeed!

That which can be differentiated from nothing only with great difficulty can, it is evident, have no considerable dimensions. What shall we teach the world are the dimensions of Homœopathy in its value to the sick? Let him answer who believes that therapeutic virtue ends with the twelfth centesimal potency. That molecular science has added a specific obstacle in the way of understanding *how* remedial power can outlast this attenuation, it would be useless to deny. But let us not forget that we have *never* been able to address a proposition to the *reason* in favor of our dosage or our law. The objection of evident inadequacy has always held against us not only as to potencies above the twelfth centesimal, but also as to those far below that point. We perceive, then, that molecular science has but added difficulties to those which were already insuperable in a *rational* explanation of our belief that remedial virtue survives in high potencies. The necessity of an appeal to experiment was absolute before; it can be no more than that now.

For myself, the experiment has been made. On the one hand, the higher potencies have been judged by my ideal of what medicine ought to accomplish; on the other, by what very low potencies have accomplished in a daily use of both during the last eight years. That virtue does survive in them is, to me, an unquestionable fact of my experience, and one which, even where disease and pain make the most urgent demand for relief, I still implicitly trust.

As broad, as high, and as profound as is my belief in the homœopathic principle itself, just so broad, just so high, and so profound is my belief that potencies beyond the ken of anything but the clinical test do yet bring healing to the ills of men.

ARE HIGH POTENCIES NIL?

G. N. BRIGHAM, M. D., Grand Rapids, Michigan.

It has been figured out as a mathematical problem that there are no dilutions beyond the 10th or 12th that can have in them any of the original substance. Now is it not just possible that we have a question to deal with here, where mathematics do not apply? Mathematics do nothing in the way of explaining to us the laws of the transmutation of force. They do nothing in the way of explaining the laws of Catalysis, propagation of the fermentive principle or any of the phenomena which attends vital action. The magnet shows its influence on matter which is not in contact with the metal and yet mathematics cannot help us in the explanation of the phenomena. Much more helpless the task if one attempts to figure upon vital magnetism. The arm by the effort of the will is made to lift 30 pounds—but who has attempted to figure upon the nerve-force thus expended, and yet it is a veritable force. What is disease? Presumably the essential fact is, that cell-life is impaired. All life has its beginning it is now agreed, in cells. Later experiments seem to prove that each cell is a magnetic battery in itself. These cells are on the infinitesimal scale. It is fair to conclude that the curative action of our remedies is upon the cells and the vital or magnetic force that presides over this cell-life.

What we know of force or energy in matter, as yet is but little. In spectral analysis we thought we had sun-force included in the visible rays of the spectrum till recently, but the bolometer now shows that eight times of the sun's energy lies in the invisible spectrum. All this invisible energy acts powerfully upon the vegetable and animal kingdoms. Only the sensitive bolometer detects it. Suppose then that the high attenuation does not show the color of a metal by spectral analysis, neither is any part of this eight to one power of the spectrum shown by a similar

test. But the nerve-force can and does measure it the same as the bolometer measures the invisible spectrum. Neural-analysis proves that. But, suppose we had no demonstration of this kind, would we be compelled to exclude the highest order of evidence—experience—the testimonies of the sensations and the changes in vital movements; that cannot be held for a moment. The mind is king here and mathematics only one of his toys. Now when I report to my medical confreres that I have seen the action of the thirtieth attenuation I mean what I say, and so of the 100m. There is no mistaking the facts any more than that we have day and night. I do not say what the attenuation was in fact, only that it was so labeled. It might in a mathematical sense be no higher than the Hahnemann thirtieth attenuation. But even this thirtieth is just as much under the ban. For one I have come to more and more appreciate the wonderful genius of Hahnemann, and do no longer wonder that his thirtieth potency had became such a favorite. Our German investigator proves the soundness of his observations.

I began my practice in Homœopathy as a "low dilutionist." I think most men do. My experience has led me to the plane which I now occupy. But let it be understood that I use all grades of attenuations; I am in no sense an exclusive. In chronic diseases, however, I rarely use a remedy below the thirtieth attenuation, and my patients recover even better than they did when I used low attenuations altogether. Recoveries are often even startling. If my patients recover on nothing but faith then blessed be faith, and let us take it abundantly. The horn of the dilemma is this; *the sick get better without medicine and drugs are pernicious* if high attenuations be nil. I write my experience for the benefit of young men, not for Dr. Paine and such ilk. To conclude, I ask if the spectacle is not singular that we have our allopathic brethren rushing into the dilution business at the same time that the anti-

Hahnemannians in our own ranks are rushing out. Not long since we read in an allopathic journal that Mercurius cor. was an excellent antiseptic used in the proportion of one part to a thousand, and that it is extensively used by men of high authority. I have argued nothing as to what succussion does in elevating a potency. It may only set free latent molecules of which in every atom there are limitless numbers, for all that we know. It may, like the influence of the magnet—which polarizes another bar losing none of its force—medicate all of the material used for the attenuation. And like the new magnet, may impart the force again and again the energy multiplying indefinitely and losing nothing at the central foci of action or the place of beginning. Analogy is abundant. Catalysis shows similar phenomena; the yeast plant multiplies indefinitely. The *littles* are infinite in their series, as well as the *great*. Evolution is coming to the front everywhere, and while we work, let our eyes be open to see, and our ears to hear, what the new gospel teacheth.

SURGERY.

SURGERY OF THE NOSE.*

BY PROF. S. B. PARSONS, M. D., St. Louis, Missouri.

SADDLE-BACK NOSE.

Our text books are so meagre on the subject of surgery of the nose, with the exception of rhinoplasty, that I have been led to present some anomalous cases that have come under my personal observation, and the treatment adopted for their relief, as the results were so eminently satisfactory to myself and patients as to be worthy of every consideration. I do this the more cheerfully as some of the deformities treated are considered as a class by nearly all sur-

*From *The Periscope.*

geons as irremediable, and therefore the victims live a life time of disgust with themselves, every pleasure marred by the one hated defect, and they the object of many a smile of derision and look of impudent curiosity.

There are very many cases similar to the ones I herewith report, throughout the country, that are bearing the cross of deformity with meek and quiet resignation, for the sole reason that they have been told that nothing could be done for them. I hope others will take up the subject and give it more thought and study than has hitherto been allowed it.

CASE I.—Was a young lady with a saddle-back nose as represented in cut No. I. This was a congenital malformation, and probably dependent upon a lack of development in the ethmoidal plate and vomer. The septum was very narrow and thin, and the external parts normal, except as regards size and shape of the bridge, and an expanded appearance of the nostrils. This arose from the nasal bones being spread out on a nearly level plane instead of rising cone-shaped to form the dorsum. Her face and features were otherwise handsome and this defect was the bane of her life. The anterior border of the septum was one fourth of an inch in height, the fossæ contracted in height but expanded laterally at the expense of the turbinated bones, which were hardly more than rudimentary The vomer extended its normal length anteriorly, but the ethmoidal plate did not project as far forward as in the natural order of things. An examination of the posterior nares gave no evidence of these parts partaking of the deficiencies existing in the face. Although the nose was very abnormally constructed, yet its special function was not in the least disturbed, and odors could be as distinctly and as quickly perceived as in an ideal anatomically formed organ.

To remove this deformity it was certain that the nasal bones must be made to change their relationship with the

surrounding parts, and this could be done only by separating them from the nasal processes of the superior maxillary and ethmoidal plate. This I wished to do with as little external appearance as possible. To accomplish the purpose I had made a pair of stout bone forceps, with narrow cutting blades, one inch long, and at right angles with the shaft, which I intended to use for dividing the plate of the ethmoid and septum, and possibly the nasal bones, but in the latter I failed.

CUT I.

Placing the patient under an anæsthetic, I began the operation by cutting through the posterior part of the cartilaginous septum and ethmoid plate, mucous membrane and bone, freeing all internal connections as far up as I could go; then making an incision in the skin one-half an inch in length, down to the bone, over and parallel with the point of junction of the lateral cartilage with the anterior border of the right nasal bone. I then subcutaneously dissected up the structures nearly to the nasal eminence of the frontal bone. Passing one blade of the forceps into the incision thus made and the other into the right nasal fossa,

I attempted to cut through the bone at the naso-maxillary suture but was obliged to desist on account of the weakness of the instrument. Introducing then a slender chisel, flat-wise and turning it on its edge, I drove it with the mallet through the bone in an upward direction to a point opposite the inner canthus.

CUT II.

The left side was now treated in a similar manner. After partially checking the hœmorrhage, which was quite profuse, I inserted two small iron rods, one into each nostril, as far into the olfactory tract as I could push them, and holding them close against the nasal bones I lifted them gently and steadily, but with increasing force, until the bones were fractured at their points of attachment to the frontal bone. The fragments were now elevated till the dorsum was on a straight line with the lobe and base. The cavities were cleaned with a solution of Calendula water, the bleeding checked, the wounds in the skin were united by horse-hair sutures, and hollow plugs, made of hard rub-

ber, inserted into the nostrils to prevent the sinking of the bones again into their former places, until the process of union was far enough advanced to hold them in their new stations. The plugs were worn constantly for two months, but removed and cleansed daily after the first week and immediately re-introduced, and after the second month were worn only during the day. At the end of the fourth month bony and cartilaginous organization had firmly filled up the spaces made by the separation of the nasal from the maxillary bones, and from the ethmoid plate, and the appearance of the nose as shown in cut II, was such that only an expert eye could detect any signs of a previously existing hideous deformity.

LATERAL DEVIATION OF THE NOSE.

Mr. A., aged nineteen, was born with a lateral curvature of the nose to the right as shown in cut III, which appeared

CUT III.

to grow worse as he advanced in years. There was no deficiency in the sense of smell, but colds in the head were nearly always worse on the left side. He had no pain nor trouble of any kind, but was very sensitive regarding his nasal defect. He had consulted and been told by numer-

ous doctors, some surgeons and some not surgeons, that nothing could be done for him, and hence he had lived these many years without any attempt being made to relieve him of his unsightly deformity. Upon examination I found the anterior portion of the nose formed quite an acute angle with the posterior portion, the angle as will be seen being at the point of junction of the cartilaginous with the bony structures. The left nostril was a mere slit

CUT IV.

through which he could scarcely draw in or expel air, whilst the right one was open and wide. The septum was greatly curved and lay close to the left nasal wall, The right nasal cavity was large enough to hold a good sized filbert nut. The external bony structures were quite normally related, but the vomer, and triangular cartilage of the septum, and perpendicular plate of the ethmoid, were curved to the left. The right ala appeared shorter than the left one, and my first impression was that the cause of this deformity lay in a lack of development of this portion of the nose. But I found that by forcing the part into a straight line that the right wing offered no resistence as it would be likely to do if the source of the trouble was in its

shortened dimensions, and I began to look for a cause elsewhere. By watching the interior of the nose when straightening it, I observed the septum to bend still more to the left, and when allowing the part to assume its usual place, the septum also changed its position to one less curved. This led me to still further investigation from which I concluded that the malformation was produced by a distortion of the septal wall, the deviation in the septum being due either to a too rapid ossification in the vomer and perpendicular plate of the ethmoid, or a lack of the proper amount of cartilaginous material in the septal wall during the periods of growth and development.

Being convinced that this was the true explanation, my next thought was, how can it be remedied. After thinking over the various plans of operation that might be instituted such as dissecting up of the septum, removing a slice from its convex surface, cutting out of a v-shaped piece and uniting the remaining portions by silver sutures, insertion of a plug into the nostril, fracturing the ethmoid plate and vomer by force, none seemed practicable but the latter, and this method I adopted. For this purpose I had made, a strong, broad-bladed forceps, and after anæsthetizing the patient, I introduced them, one blade into each nostril, and forcibly closing them on the septum I forced it towards the right side until I felt the bones fracture under the pressure. When the instrument was removed the septum stood quite straight, likewise the nose which in a few moments began to return to its unnatural position. The hæmorrhage was quite free, but soon ceased under the application of cold water. I then inserted a silver tube of sufficient size to fill the left nostril and fastened it in by a thread attached to a flange on each side, and adhesive strips holding the ligatures to the cheek. This was retained for three weeks but removed daily for the purpose of cleanliness, and after that time was worn only during the day and taken out at night. I also had made an apparatus consisting of a

head band to which was attached an iron rod with a pad which rested on the side of the cartilaginous nose, and worked by a screw at its attachment to the head band. By this arrangement the nose was kept in a perfectly normal position by turning the screw, and after three months of application, not constant, all treatment ceased, as the nose then remained true and straight as represented in cut IV.

NOTE.—Since writing the above I have operated upon two other cases with similarly good results in both instances, one being a lady thirty-seven years of age, from Southern Illinois, and the other a young lady, eighteen years of age, from Missouri.

TONGUES OF THE DIFFERENT DRUGS.

BENJAMIN A. BRADLEY. M. D., Cincinnati, Ohio.

Aconite:—White coated, thick yellow coating, red and dry; swollen, with trembling and stammering, sensation of dryness and rawness of the middle.

Antimon. c.:—Thick milky white coating (white-washed tongue).

Antimon. t.:—Thin whitish coating with raised papillæ; red edges; very red, dry in the centre; slimy, heavily furred, white or yellowish brown.

Apis.:—Red at the tip or dry, with brown streak down middle, sides moist; dryness with trembling; swollen, dark and glossy; covered with a dark thick coating; deep red; cracked or covered with vesicles.

Argentum. n.:—Red, painful papillæ; dry, hard as a chip; black red streak down the middle; coated white or yellowish, trembling, also furred with clean edge; aphthæ.

Arnica.:—Yellow coated, also dry and black.

Arsenicum.:—Dry, brown, black or red like a piece of leather; thick, edges of tongue take the imprint of the teeth; or may be yellowish white; burning sensation in certain spots; appears varnished.

Arum. t.:—Red like a beet with marked red papillæ.

Acid mur.:—Dry with ulcers on it.

Acid nitric.:—Red like a beet, dry, much fissured, with vesicles.

Acid phosph.:—Pale and flabby; red streak down centre.

Belladonna:—Dark red, raised papillæ; inflamed, enlarged, and trembling; hot, dry, red, cracked; red in centre, or a brown-fur down centre, sometimes tenacious yellow.

Baptisia:—Dry, dark red, shining, cracked, ulcerated with brown streak down centre; edges clean, or red, pasty and heavily furred.

Bryonia:—Coated gray, thick yellow, or dark brown.

Calcarea:—White coated, with blisters on the side.

Cinchona:—Thick, dirty yellow coating.

Colchicum:—Cold. (See Camph. Carbo. veg., Verat.)

Crotalus:—Scarlet, red or brown and swollen.

Cuprum:—Red, dry and rough, or coated white, yellow or brown.

Digitalis:—As near a natural tongue as you can see.

Helleborus:—Very dry.

Hyoscyamus:—Red, dry with brown coating and cracked.

Kali bich.:—Coated with a thick yellow felt; smooth red and cracked; ulcerated, broad or scalloped edges.

Lachesis:—Dark red, black, stiff and cracked. *Mapped* (see Ranun., Tarax.).

Mercurius:—White, thick, tenacious coating, which is detached in places; broad, thick, takes imprint of teeth.

Mercurius iod.:—*Base of tongue* coated thick yellow or yellowish white.

Natrum mur.—White coating; mapped, like herpes on edges.

Nux vomica.—One half clean or red and shining while the other half is covered with thick fur.

Phosphorus:—Swollen, dry and black; or dry, red and brown down the centre.

Phytolacca:—Has blisters on the sides.

Podophyllum:—Full and broad, pasty coat in the centre, *shows imprint of the teeth;* red with erect papillæ.

Psorinum:—Perfectly clean; often verified.

Pulsatilla:—Coated with light yellow tenacious mucus.

Rhus:—Dry, red, cracked; has a *triangular red tip;* white often on one side; covered with a yellowish mucus; *shows imprint of the teeth.*

Sanguinaria:—Slightly coated; sensation as if scalded.

Secale:—Clean or coated white; moist and flabby.

Sepia:—Looks as if it was scalded; or flabby and indented.

Stramonium:—Yellowish-brown, dry in the centre, or dry and swollen.

Sulphur:—White or yellow coated in the morning, wears off during the day.

Thuja:—Mapped, white coated.

Veratrum alb.:—Dry, blackish, cracked; or coated yellow at the edges, with red tip.

Veratrum vir.:—Coated yellow at the sides with a red streak down the centre.

Zincum:—Red and covered with vesicles.

G. M. PEASE, M. D.*

G. M. Pease M. D., was born in Boston, Mass., May 3, 1839. Received his medical education at Harvard, taking his diploma from that institution in 1839. Early in the war of the Rebellion (1861) he entered the U. S. navy as assistant surgeon. During an epidemic of yellow fever in 1862 he had his attention called to the superiority of homœopathic practice, and carefully studying a little pocket book entitled "Sixteen Principal Homœopathic Remedies," he was enabled to do much towards relieving the sufferings and curing those afflicted with that dreaded disease. Returning home in the winter of 1862–63, owing to sickness, he resigned his position in the navy, and after taking his

* See frontispiece.

medical degree, and being restored to health, he entered the army as assistant surgeon of the 54th Regt. Mass. Vols. He was soon called to take the place of the surgeon, and at the time of his resignation in the summer of 1864 was the chief medical officer of the regiment, though not commissioned as full surgeon, owing to the prejudice against him on the part of the surgeon general of the state because of reported leaning towards Homœopathy. Sickness again caused him to leave the service. During his connection with the army he was investigating the claims of Homœopathy, though very slow in accepting them fully, owing to the strong allopathic instruction he had received in Harvard, notwithstanding his father, Giles Pease, M. D., had been one of the first practitioners of Homœopathy in New England. On retiring from the army in the fall of 1864, he decided to unfurl the banner of Homœopathy, and commenced private practice in Boston. A natural mechanical taste led him to a strong liking for surgery, and his army life giving him opportunities, he was not slow in availing himself of them. In February, 1873, he had a severe attack of pneumonia, from which he made a slow and imperfect recovery, and leaving Boston that summer for change of climate, went to California. Rapid recovery of health decided him to remain in San Francisco. On the establishment of the Hahnemann Medical College of San Francisco he was appointed to the chair of Gynæcology and Surgical Diseases of Women, which he has filled with credit to himself and honor to the school.

CORRESPONDENCE.

CORRECTION OF A SLIGHT ERROR.

Editor Medical Advance:

On page 98 of the August No. of the MEDICAL ADVANCE we find a foreign letter which is full of slight errors. Although Spain is far away, the history of Homœopathy in

that land is well known to us. The correspondent (A. B. H.) says: "*A few years ago Homœopathy was unrecognized here.*" A. B, H. seems to be entirely ignorant of the great work done in Spain by the late Marquis de Nuñez, the late court physician to the then Queen Isabella, the prover of Tarantula. Signor Nuñez, many long years ago, resided in the south of Spain and was a lawyer. He interested himself in the study of Hahnemann's writings and, convinced of the truth of Homœopathy, he induced a priest, confined to his bed for some time with a spinal disease, to apply for homœopathic aid. The case was carefully described and sent to the late Dr. Bœnninghausen, who prescribed (a lucky prescriber) for him one dose of Calc. carb. The priest was cured and found himself a short time afterwards in Madrid as a high dignitary of the church. The grateful cured old friend of Nuñez now called him to Madrid where he studied medicine, and after graduating as a doctor of medicine, began his career as a healer. Like Bœnninghausen and many others, he fully accepted Hahnemann's methods and became a personal friend as well as a disciple of the great philosopher. He became, as a learned doctor in Ohio terms all Hahnemannians, "A lucky prescriber," and these many long years ago Homœopathy was fully recognized in Spain, and even the court adopted the Homœopathy taught by Hahnemann and practiced by Nuñez. Honored and created a marquis he acquired a large fortune which he left to a homœopathic hospital. His proving of Tarantula has enriched our Materia Medica. To prevent persons not fully versed in the methods of Hahnemann this very Marquis de Nuñez created a "Homœopathic Institute," and no licentiate of medicine is allowed to practice Homœopathy in Spain without a certificate of competency from that Institute. It may interest the true Homœopathicians to have another historical fact laid before the profession, to show how our school was adopted and honored when introduced by men who followed Hahnemann

and his methods not only in Spain but all over the world. The departures introduced of late by designing men are bringing our school gradually into more discredit and we are, on account of these departures, exposed to the ridicule and sneers of the adherents of the allopathic school. It is utterly silly to attempt to make our healing art acceptable to the Allopathists by dropping the essential doctrines not palatable to the great mass of materialistically inclined physicians. As soon as we drop the essentials, or either of them, viz.: "The law of the similars, the single remedy, and the minimum dose," we cease to obtain the results which follow a faithful adherence to them, and we cease to be "lucky prescribers." Then arises in the minds of those who have accepted the various increasing departures a serious doubt as to the correctness and applicability of Hahnemann's teachings. Few of these men have the honesty to drop the name of a healing art which if applied as the Marquis de Nuñez understandingly and conscientiously did apply it, without departure from the teachings of the great master, has proved to lead our school to be honored; but they prefer to hold on to the *name only* that they may reap the benefit of the credit attached to a healing art *if* properly practiced.

AD. LIPPE, M. D.

THAT SULFUR CASE.

Editor Medical Advance:

Allow me to criticise Prof. Kent's report of a case, Sept. No., page 142. He says: "The most peculiar symptom is the erotomania coupled with the peculiar selfishness and jealousy."

Then most certainly the case will be narrowed down on the start to a very few remedies by this peculiar symptom. I consult Lippe's repertory and Allen's Index, and as I cannot find "erotomania" at all, I examine nymphomania and find a list of—not a few, but—twenty-five remedies in

Lippe, while Allen has under "Sexual desire" more than a hundred, and Sulfur is one, but not "in women." Conclusion: As we have selected the most peculiar symptom and find no Sulfur, therefore Sulfur is not indicated. But as the Professor is so positive, let us further consider his reasons. "In the morning she gets up a little sputa which tastes salty." Well, the latest and most complete cough repertory says that that peculiar combination belongs only to Phosphorus, Phosphoric Acid and Pulsatilla. Then he advances. "Aversion to men," though why is not clear, as he himself says that it is not in the repertory. The same remark applies to the next symptom. Four of his most important symptoms examined and Sulfur in none of them! *Falsus in uno, falsus in omnibus.*

"Neglected pneumonia" does not seem to be a very peculiar symptom, especially as he furnished no evidence that it was "neglected." Finally, to round out the case, as it were, but not because of any special importance attaching thereto, he mentions: "The feet burn and she puts them out of bed to cool them off;" Calc., Lyc., Kali c, Graph., Puls., Phos., Sil., Sulf., and many others." Verdict: He has not given a single symptom peculiar to Sulfur, and the symptoms on which he has most relied do not have it at all, while Lyc., Phos., and Puls. seem about equally indicated. Will one of them cure? Probably not. Let us take the horse which he has put behind the cart and see if it will be of service to us. The combination "burning of the soles, she puts them out of bed to cool them" is not "found under many remedies," but under exceeding few, and we will assume that they are only Chamomilla and Sulfur, but as Lilium has a somewhat similar symptom we will admit that there are three. Then with the Materia Medica in hand, Chamomilla very quickly drops out of the race and Lilium shortly after, and we find that while Sulfur does not cover all, it does cover enough with the grand characteristic to make it certain that it is the indicated remedy.

Moral: When a Professor instructs us laggards in the use of proper methods, he should be careful not to lead us on a wild-goose chase, which could only end in defeat, as it is certain that he could never have selected Sulfur by his process, but evidently had his mind fixed on Sulfur from the start, and very probably by the guiding symptom mentioned. A. F. RANDALL, M. D., Almont, Mich.

OUR BOSTON LETTER.

HOTEL VENDOME,
BOSTON, MASS., January, 1885.

The present winter will be memorable both in the United States and Canada for the frequency of its weather changes and the severity of its "cold snaps." The quantity of snow up to the middle of this month has been below the average, even the Canadians adjoining the New England States complaining sadly of the badness of their roads till a few days before Christmas, and afterwards of the sudden disappearance of that snow deposit as well as of its successor, early in the new year, by the rapid thaws and heavy rain, on each occasion. Variable weather is the prevalent complaint on both sides the line, to the great injury of health. Those frequent extremes of temperature have resulted in more than the average amount of disease for the period, with a corresponding increase of mortality. We have seen the thermometer vary 64° in 36 hours, and in Canada about Christmas and New Year the mercury has gone down from a few degrees below freezing point to 40° and 50° below zero. Canadian patients write me that this extreme cold has continued for three days and nights on each occasion. Here in Boston and elsewhere, bronchitis, pneumonia, typhoid fever, diphtheria, diphtheritic sore throat, scarlet fever and measles are the most familiar troubles. The reported cases of infectious diseases for the week ending on the 26th inst. were 155.

I have noticed of late, a form of sore throat quite dis-

tinct; the palate and arches, tonsils and uvula exhibit a swollen, congested appearance while the uvula is considerably enlarged and lengthened, as well as translucent. Apis has proved the effective specific in all my cases. The diphtheritic sore throats I have seen were not of a very inflammatory character; the tonsils were enlarged and its follicles ulcerated, presenting grey, thickened patches, accompanied with pains in limbs and great debility. These patients generally complained of not having been well for weeks previously. Iodide of mercury[3] followed by Nitric Acid[4] proved the best remedies. In such cases as well as the more common diseases I obtain marked assistance from more attention to hygiene, though a change from indifference as to personal habits, adequate exercise and wholesome diet is often very difficult to secure. Patients will take medicine in abundance and do anything rather than live right and exercise some self-denial, if it interferes with old artificial tastes and ways.

The Boston Homœopathic Medical Society holds its meetings monthly and flourishes. The attendance is generally good. Some of the members manifest much enthusiasm at the meetings and the discussions following the reading of the papers are usually interesting. The annual meeting on the 15th was particularly attractive, and the reports submitted were of an important character. That from the Massachusetts Homœopathic Hospital showed that 648 free patients were treated during the year and that many were refused admittance from lack of accommodation. The Boston Homœopathic Dispensary issued prescriptions to 15,620 patients during the same period. The society appointed a committee of three to devise measures to secure the adoption of the Homœopathic system of therapeutics in the Boston City Hospital. It is evident that the success of our school last year in obtaining from the State Legislature the control and management of the Westborough Institute Hospital, encourages the society to further laudable en-

terprises. The present is both reasonable and desirable in view of the growing efficiency and popularity of our system, and success in this instance would pave the way to additional triumphs. It is on all accounts desirable that every opportunity of testing the merits of Homœopathy should be turned to advantage, and that all possible improvements should be adopted early in the interest of true science and of the public.

But *à propos* of these meetings of the society it would be better that the composers of papers should avoid taking up valuable time in descriptions of diseases which every physician must or ought to know, or the nature of which he can readily learn in his library. Of course when a member strikes an original idea or imagines, even, that he has something new from his practice to communicate, with regard to the ætiology or pathology of a disease, or can suggest any better surgical procedure, he should be allowed all the time required. But why lose time or tire out patience with common cases and hackneyed descriptions which neither reveal nor hint at anything novel or interesting?

Many of your readers will remember that a large wing has been added to the Massachusetts Homœopathic Hospital of this city, through the munificence of an unknown benefactor, who gave the sum of $45,000. In its construction the latest improvements in architecture, with the most superior conveniences in sanitary arrangements are secured, making this one of the fine hospitals of this country. To raise the additional funds required for the furnishing and maintenance of this wing, a bazaar in the nature of a house-warming was held last month, by which over $14,000 was raised. An additional sum has also been subscribed to meet the annual expenses of the hospital, and Dr. Woodvine, an active worker in behalf of the cause and one of our most practical physicians, announced at the meeting of the society that a legacy of $25,000 had just been left the hospital. The friends of this institution may well feel

satisfied with the result, their bazaar having been pronounced by all one of the most artistic ever held in our city.

In professional and other quarters certain people, inclined to evil forecasts, already anticipate, among other ills from abroad, a visit of cholera, next spring or summer, against which too much precaution cannot be taken. While not approving indifference to actual or possible troubles, we may spare ourselves at a time, not the most pleasant, such misery as the imagination of the pessimist is but too potent in evoking, preferring, if fancy pictures must be drawn, those made up of charming landscapes, flowers and sunshine to those composed of rugged deserts, storm and darkness.

P. BENDER, M. D.

EDITORIAL.

THE RESULTS OF A CENSORSHIP.—We regret that any one should have misconstrued our illustration in the Jan. No. as an attack on the College. Nothing of the kind was intended. We yield to no one in our loyalty either to the college or the cause. But, it is an undisputed fact that the College has not fulfilled the sanguine expectations of the profession; and we never have an *effect* without a *cause*. Our illustration was intended to benefit the college by exposing an abuse, which has not only handicapped the college, but alienated the support of the profession of the State. We also intended to defend the profession of the State from the charge of "an unfriendly attitude," and lay the *onus* of failure where it properly belongs, viz: *to the censorship*. The members of the present faculty are to the best of their ability, honestly and faithfully doing their duty. But they will no sooner master their specialties and become fitted to do their best work, than these "self-appointed guardians" will recommend their removal and the appointment of new and untried men to fill their places. No other college in this country is managed on such prin-

ciples; and no college in any country can succeed with such management. What it has been in the past, under the same rule it will continue to be in the future.

HOBBY RIDING.—It is not many years since the discoverer of *Chloral dydrate* set the medical world agog by the reports of its wounderful success. Pretty soon as its use became general, the failures began to be reported, and the charm was broken. Then *Carbolic Acid* had its day, until from its toxicological effects a fair proving was obtained and it was relegated to its proper sphere of use. Now *Cocaine hydrochlorate* has been let lose and is being ridden rather freely by members of both schools, especially by our specialists. Dr. F. C. Riley of New York, in a recent number of the *Medical Record*, reports two cases of eye trouble in which after repeated trials it failed to produce anæsthesia and ether had to be used. These cases may have had some individual idiosyncracy, but as Homœopaths should it not be a hint for us to use necessary caution in the employment of new and untried drugs. Let us first have a proving that we may know whither we are sailing At least "let us go slow."

THE AMERICAN INSTITUTE.—We earnestly commend the plan of *bureau work* proposed by Dr. Helmuth in our January number. For a number of years various committees have been appointed by the Institute to solve this problem, but with very indifferent success. The reading of a synopsis of a carefully prepared paper for fifteen minutes, and then attempting to discuss its merits or demerits for half an hour, has not been satisfactory. At the last session, several of the ablest papers were consigned to the publishing committee without any discussion whatever. Under the plan adopted by Dr. Helmuth for the surgical bureau, the number of members on the bureau is not limited, and the objective point—a full and free discussion

of the paper, by members prepared to discuss it—is secured. This interchange of thought and experience is more profitable than the reading of many essays, no matter how carefully and learnedly prepared. It is this practical knowledge for which the members leave home and expend so much time and money, but which they have hitherto failed to fully secure.

TRY THIS ONE.—The students of the Allopathic department of the University have our sympathy. On Dec. 17 they were subjected to Prof. Palmer's annual disquisition on the thirtieth attenuation—ycleped, lecture on Homœopathy. In the scientific world we have yet to learn of a therapeutic fact being seriously affected by ridicule. This long suffering "thirtieth attenuation" remains as much a fact, and is as knotty a problem to-day, as when the learned professor opened his satirical batteries upon it twenty-five years ago. Like Banquo's ghost, it will not down. For a change, we suggest that in the future the lecturer train his guns on the following proposition—a scientific fact. A piece of steel is touched by a magnet, and by this simple process becomes in turn a permanent magnet, which will in turn magnetize another piece, the third a fourth, the fourth a fifth, a sixth, a tenth, a thirtieth, a hundreth, and so on *ad infinitum*. Will the professor tell us the quantity taken from the first or that imparted to the last magnet? If he can, perhaps he can explain the action of the thirtieth attenuation.

ACTION OF THE HOM. MED. SOC. OF PHILADELPHIA ON THE DEATH OF R. E. CARUTHERS, M. D.

At the last regular meeting of the society held January 8th, the following resolutions were unanimously adopted:

"WHEREAS, R. E. Caruthers, M. D., of Allegheny, a valued member of the Homœopathic medical profession has been removed, by death, from his field of labor, and

"WHEREAS, We, the members of the Homœopathic Medical Society, of the county of Philadelphia, appreciating the great services rendered by Dr. Caruthers as corresponding secretary of the Homœopathic Medical Society of the state of Pennsylvania, and recognizing the loss which Homœopathy in our state has sustained in his death, do hereby

"*Resolve*, That we extend our sympathy to the Homœopathic Medical Society of Allegheny county, in their loss, and to his family in their bereavement,

"*Resolved*, That the secretary be instructed to send a copy of these resolutions to the Allegheny County Society, to the family of the deceased, and to the Homœopathic journals throughout the country."

Committee. { CLARENCE BARTLETT, M. D.
J. C. GUERNSEY, M. D
H. NOAH MARTIN, M. D.

H. S. IVINS, M. D., Sec'y.

EDITOR'S TABLE.

DR. S. B. PARSONS removes from Ann Arbor to Arkansas City, Kansas.

T. F. POMROY, M. D., although residing in Detroit, does not intend to resume practice.

J. G. GUNDLACH, M. D., author of the proving of *Sanicula Water* in Jan. No. has located at 2520 Good Ave., St. Louis, Mo.

A GOOD RECORD.—Phil Porter, M. D., performed ovariotomy 28 times last year, with but one death, and not one case of peritonitis. Five operations this year, so far, and no deaths.

NICHOLO FRANCIS COOKE, M. D., L. L. D., Emeritus Professor of Special Pathology and Diagnosis Hahnemann Medical College, Chicago, died Feb. 2, 1885 of heart disease. We hope to give an extended notice in our March issue.

FOR SALE.—A $5,000 Homœopathic practice in one of the loveliest cities of the West. Prefer selling to a lady, as the practice is largely gynæcological. Reason for selling, going to Europe in June. Office fixtures, furniture and medicines all for sale. Address M. Addie Kester, M. D., Topeka, Kans.

CHRISTOPHER C. GRAHAM, M. D., a centenarian, died at Louisville, Ky., Feb. 3, after a short illness. On Oct. 8, 1884, he celebrated his 100 birthday by a grand banquet. He was born in an old fort near Danville, Ky., and was a cotemporary of Daniel Boone. He was also an intimate friend of President and Mrs. Lincoln and two hours before his death dictated a letter to the Secretary of War.

THE
MEDICAL ADVANCE.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.

VOL. XV. ANN ARBOR, MARCH, 1885. NO. 9.

ORIGINAL CONTRIBUTIONS.

PROFESSOR HAUPT'S CRITICISM ON THE BACTERIA QUESTION.

ROLLIN R. GREGG, M. D., Buffalo, N. Y.

[I have the Publication Committee of the American Institute of Homœopathy to thank, for throwing out from the Transactions of last year, the following paper as my answer to Professor Haupt's criticism, which appeared in the previous volume. Their action will no doubt give me at least ten interested readers to every one I should have had, if the paper had been "buried in the Transactions," as so many members express it. Does not that committee know, that God himself designed that every attempted suppression of facts, should afford the best and speediest means for spreading the truth? And did they not see that, under that design, they were being used as tools to ultimately spread the truth, when they suppressed that paper?

I congratulate the committee upon its attempt to perpetuate, as a truth in science, that inexcusable error of Professor Haupt, more fully exposed in the following pages, to wit, that: "Acetic Acid will cause the fibrin fibrils first to swell, and *finally to disappear entirely*, while it will have no effect upon bacteria"; whereas, I have had a small mass of fibrin digesting in ten times or more its weight of chemically pure Acetic Acid, now for *fifteen months*, and there it remains to this day undissolved, no part of it having "entirely disappeared," even in that long time. And I further congratulate the

committee upon the attempt to perpetuate as another truth, that other false statement as a fact in science, made in their hearing, that fibrin does not exist in the blood, and never shows itself excepting when blood is drawn and exposed to the air; whereas, a very large majority of all fatal cases of diphtheria show either large masses of fibrin in the cavities of the heart, or small masses of it in the vessels of the muscular substance of the heart, in the liver, the brain, or other parts wholly removed from the air, or where air never penetrates. Many other fatal diseases also show the same facts. What, then, did that committee mean in seeming to perpetuate such gross errors, as against the glaring facts to the contrary?

How many months have the members of that committee spent in research and investigation into the nature of fibrin; how many observations have they made in rotting fibrin, treating it with acids, alkalies, etc., etc., to offset the many years of careful study and investigation I have given every branch of the subject, that I might *know* what I was talking about? Which of my statements did they prove by *careful investigation* to be false, to thus fortify themselves in their action in throwing my paper out? This is no individual matter; no personal quarrel on my part. The welfare of the whole human race is directly or indirectly at stake. The miserable bacteria theory has had now ten years or more of active teaching, and five years or more of practical application (heaven spare the name), by those who claim to possess all the knowledge worth having in medicine, and what is the result? In the city of New York, which is the claimed center of medical wisdom for this country, two-thirds of all the cases of diphtheria reported this fall and winter have died. Only last week I had a touching letter from a gentleman of New York, a prominent publisher, with whom I never had previous acquaintance or correspondence, saying he had "just lost a daughter nearly full grown" of diphtheria, and was "in dread lest others of his children might be attacked;" that "over half the cases of diphtheria had proved fatal" in that city; and appealing to me as a father, for what light I could give him, and what was the safest treatment. Do such things warrant a publication committee in throwing out a paper that gives candid and truthful statements upon the results of years of careful research bearing directly upon the subject? Look at another fact. In France, one of the claimed great centers of medical wisdom for the world, and a hot bed of bacteria propagandism, *seventy per cent.* of all attacked with cholera last summer died—*just the same mortality* as the first time cholera ever appeared in Europe, *when all were utterly ignorant of it*; and this too

with Koch, Pasteur and other great bacteria lights on the ground to annihilate its pretended germs at their first manifestation. Grand results these to help along in suppressing *facts* that so greatly simplify this whole matter, and that have been learned through hundreds of observations and many years of research. But this is not all, in this connection. As is well known, there are many physicians in our school doing their utmost to uphold this Allopathic bacterial theory, which loses two-thirds or more of all cases of diphtheria and cholera (two of the most conspicuous so-called bacterial diseases), without their realizing as it seems to me, the terrible consequence of their acts. Do they not see that they are thereby doing all in their power to destroy their own confidence, the confidence of the public, and most of all the confidence of all young physicians, in the *only* treatment—the purely homœopathic treatment—that will *save* more than *ninety per cent.* under ordinarily favorable conditions, of all attacked with those diseases, instead of *losing seventy per cent*? A terrible responsibility rests upon men under such acts; and can they not see it?

In conclusion, I am curious to know what will be the feeling and action in this matter of that large majority of the members of the Institute present, who voted so heartily, that time be given me to finish the reading of my paper, after the prescribed fifteen minutes was up. If they, too, condemn me, and shall desire to suppress any and all facts that I may be able to give on this important subject, I shall be surprised; but even that will not make the slightest difference in my course. I shall go on in my endeavor (though with more care if that be possible to make sure of being right), to destroy root and branch a miserable theory that leaves a *seventy per cent. ratio* of *death* and *grief* in its trail, as has all other wrong treatment under false theories before it; and will do my utmost to forward a method of treatment that reduces the mortality to a minimum of *less than ten per cent.* With this I now give the rejected paper to the profession, just as it was read before the Institute, that all may see and judge for themselves of its merits or demerits, if it possess either.]

As you all know, last year's transactions of the Institute contains a criticism by Professor Haupt of Germany, of a paper upon the same subject by me, which appeared in your proceedings the year before. This criticism is in the main fair, gentlemanly and vigorous; and I have no fault to find with it on either of these grounds. But there

ought not to be so much contention on this simple subject. Let me try to make my views upon it so plain that I can not be misunderstood; and thus perhaps aid in bringing the warring elements together, or to see matters in connection with it more alike.

In the first place, then, there can be no doubt, is not the slightest doubt in my mind, that Professor Haupt has seen precisely the same forms with his microscope, that I have seen with mine; and I know that I have seen all that he speaks of, their exact form, motion, etc., etc. He has described what he saw much as I would describe what I have seen. His descriptive language, or the most of it, I could apply to my work with the same force that he applies it to his. The *only* question, then, between us, is as to what those forms are. This narrows the subject down to where the mind can grasp it without confusion. He says all the forms he describes are the various forms of bacteria, bacilli, etc. I say that all those forms, as well as all similar ones that I have seen are only varying, or different forms of fibrin, nothing more and nothing less. This presents the whole question in the most simple manner, and leaves no chance for misunderstandings or evasions on either side, when the facts are once understood.

Now, had the bacterists, through their experiments or otherwise, reached anything like a certainty of knowledge as to what they were dealing with, and without dispute among themselves; or, what is of far more importance to the subject, had they made the proper, yea, even but a partial allowance for the different forms of fibrin, which it has been known for fifty years or more, develop in every case of congestion or inflammation; then I should distrust my own conclusions in the matter, indeed should never have entered upon a controversy about it. But when we know they have reached no certainty of knowledge in regard to it—some of the best and most careful observers among them regarding the whole question as still in doubt, or

hypothetical and when they have never made the *slightest* allowance for the presence of any of the forms of fibrin developing in any case of inflammation, where they say bacteria develop, they show themselves far from competent to lead the world on so important a question; and we are justified in the most vigorous opposition and dispute as to the correctness of their theory. That we have the most reliable grounds on which to take our stand in a vigorous and successful opposition we shall now see.

Lehmann, speaking of the coagulation of healthy fibrin, says: "When it begins to gelatinize, separate points or molecular granules appear at various spots, from which arise extremely fine straight threads," etc. And he further says of the coagulation of fibrin under various circumstances: "The same process goes on *within the vessels of the living organism, as soon as the blood ceases to circulate*," [Italics my own].

In speaking of inflammation, and the exudation and organization of fibrin in connection therewith, Wood says: "As it first escapes it is a homogenous, formless, transparent fluid; but very soon afterwards, if examined by the microscope, it is found to contain *multitudes of fibrils*," and "*great numbers of minute granules* of different sizes." [Italics mine].

Well, this is *proof* as to what fibrin does under the condition named, which no amount of denial can put aside, and no amount of sophistry can explain away. It is one, and only one, of many great towering *facts* bearing directly upon this bacteria question, which will not down at any man's or any number of men's bidding. By it, and by much more proof which it seems unnecessary to take up our time with here, the fact is *established* that since disease appeared in the world, there never was a case of congestion and inflammation, no matter what the cause, wherein granules and rods of fibrin did not appear, or were not developed —the former in countless numbers, and the latter in less, but

still in great numbers. Then, when we take into consideration the fact that these granules of fibrin, which appear in such enormous numbers in every inflamed part, are precisely the same in color, size, form, and appearance in every way, as the assumed micrococci of the bacterists; and when we further consider that the straight or nearly straight fibrils of fibrin present in "multitudes" in the same inflamed parts, are precisely like the claimed bacilli subtilis; that the more crooked fibrils are in every respect like the vibris serpens; and the spirals of fibrin are like the so-called spirillum tenne, spirochæte plicalilis, etc., in diseased parts; we see how much more there is of the subject in this direction than has hitherto been supposed.

But now, notwithstanding these facts are so clearly demonstrable and certainly true, there is not a bacterist from one end of the world to the other, no matter how great his assumption or exalted his reputation for exactness in scientific knowledge, who has ever uttered a syllable to tell us that said forms of fibrin were present in every instance in disease, where bacteria are claimed to exist, and looking just like them in every respect. Nor has one of them said a word to put us on our guard to look out for these similar fibrin forms, and not confound them with bacteria. Again I ask, as I did two years ago: "What kind of science is this?" One would be almost justified in proclaiming the world over, the ignorance of the bacterists of this fundamental fact in the pathology of all inflammation; and that they had used that fact ignorantly to found a new theory upon, by which they might climb into eminence. Still, I do not charge such ignorance but I do charge that they never thought far enough upon the subject to make the application of this great pathological fact, so well known for more than fifty years, to thus have settled this whole question quietly, without turmoil or contention and left no mystery about it to be explained.

Nor is this all. Indeed, it does not explain the half

there is of this subject. It only tells us of the primary steps of fibrin in developing but a part of the assumed bacteria; while under the rotting processes of disease upon fibrin, those steps are all retraced in the exact inverse order which gives us not only all of those forms of bacteria just named, over again, but also all other forms of them, and all out of rotting fibrin. That is to say, when suppuration or ulceration, which are rotting processes, result from inflammation, whether acute or chronic, many if not all, of the fibrils and spiral threads of fibrin are broken up by it into shorter and shorter pieces in the exact inverse order of their primary organization; thus giving us the same, and all other kinds of bacteria, as just said. The fibrils, that is, the straight or nearly straight threads of fibrin, give us, under these circumstances, the rod-like bacteria or bacterium termo, both in free motilo in the zoöglea form, also the short bacilli subtilis, the bacilli ulna, and the vibrio vugula of Cohn; while the spiral threads give us, under the same process, the short vibrio serpens, single or in swarms, also the spirillum volutans, spirillum undula, etc. And, finally, all these break up under full rotting into the granules of fibrin that form them, and then give us the micrococci again by the million.

This last series of facts, viz.; that suppuration and ulceration in the body, and rotting fibrin out of the body, do break up the threads of fibrin into all the various forms of bacteria as described, I charge that the bacterists are wholly ignorant of; and that their opinions are of no scientific value whatever on this subject, until they investigate in this direction and learn at least the more superficial facts to be thus found. Of course, the larger threads of fibrin, whether straight or spiral, furnish the larger forms of rod-like and spiral bacteria, or those that are the thickest through; while the smallest of the latter, or those of the least diameter, are from the smallest threads of fibrin. Besides under the suppuration or rotting,

the threads of fibrin are softened and swelled like all other organic matter under decay, and this gives us larger forms of bacteria than the fibrin threads show in their normal condition, or than would otherwise be the case.

Now, as Professor Haupt makes not the slightest allowance for, and no acknowledgement of a single fact in these great series of facts which occur in all inflammation and suppuration, and which are facts whether he knows them or not; and as he has never rotted fibrin out of the body, or otherwise investigated in this direction to know what does come of it, under any circumstances his criticism is wholly without force. And I could well afford to rest my answer to him and to all other bacterists here, saying nothing further beyond demanding and reiterating the demand continually for them to investigate upon this new basis, and learn what the real facts of nature are in this matter, before they say more or go further. But Prof. H. has made such glaring errors on several other points where he assumes to know all about it, that it cannot fail to benefit science to follow him further and correct his mistakes. For instance, he says: "Moreover, it can be demonstrated that bacteria and fibrin are two very different things, by treating both with certain reagents. Thus the addition of Acetic acid will cause the fibrine fibrils first to swell and *finally to disappear entirely.* If the acid is neutralized by a concentrated alkaline solution, these fibrils will reappear, but they will disappear again when the fluid is diluted with water, *while the bacteria remain entirely unchanged during such process.*" What should lead any man, who lays the least claim to accuracy of scientific knowledge, to make such statements as contained in this quotation, surpasses comprehension. Nine months ago I put some pure fibrin, fresh from a thoroughly washed clot of blood into ten times or more of its weight of chemically pure Acetic acid, and there it remains undissolved to this day, and not otherwise changed, excepting that instead of remaining a pure white,

as when put into the acid, it has become partially translucent. But this is not all. I can to-day take a piece of that undissolved fibrin from the acid, crush it down very fine with a spatula upon a slide, remove all the coarser particles, and find in the debris left on the slide half or more of all the bacteria on the calendar; and all as broken pieces or broken threads of fibrin.

In view of so inexcusable an error, then, on the part of Professor Haupt, as these facts show his statements to be in a simple matter which is so easy of verification, are we not warranted in asserting that his criticism is wholly vitiated and of not the slightest value on a single point of difference between us as to what the forms are which he calls bacteria? The very points in the quotation from him which he assumes to be so sure as to italicise, are the ones that are most fallacious, in so far as they apply to fibrin. Instead of fibrin "entirely disappearing" under the acid as he says it does, it "remains entirely unchanged during such process," precisely as he says bacteria do; which is another point in proof that the latter are nothing but different forms of fibrin, as I have so long maintained. In connection with this point let us hope, moreover, for another thing, viz., that his translator will learn a lesson by it, to-wit: Not to again put such implicit confidence in any man's mere assertion; but next time investigate for himself first, before using such erroneous statements on several occasions, as he has done there, to throw distrust upon a great truth of nature.

Another point in Professor Haupt's criticism should not be passed by without exposing the error of his conclusions in regard to it. In speaking of tubercle bacilli he says: "In other diseases of the respiratory organs, such as laryngeal catarrh, croup, bronchitis, bronchiectasia, pertussis, pneumonia, etc., the bacillus tuberculosis will never be present." Why does he not find his assumed tubercle bacilli in the above named diseases, while he does find

them, as he claims, in all cases of tuberculosis, or in tuberculous sputa? Simply because, first: The fibrin found in the sputa of all the first named diseases is a *secretion* from the mucous membrane of the bronchi, wherein it is changed but little if any from its normal condition, unless there be suppuration in such cases, which is of short duration and does not change the fibrin so much. But the second and more important reason is, that the much longer time required by tubercles to suppurate than is taken by suppuration upon a mucous surface; and furthermore the former suppurating within a dense fibrinous wall wholly excluded from the air—principally the longer time of suppuration however—has a decidedly different effect upon the fibrin threads, always existing to a greater or less extent within the mass of the tubercle than does ordinary suppuration of a few days duration, or the superficial suppuration of bronchial catarrh in connection with the air.

Professor Haupt himself recognized both these facts, viz., the longer time of suppuration and exclusion from air, as two great elements in the problem. In speaking of the development of tubercle bacilli and tubercles in the apices of the lungs, he says: "These parasites are enabled to find a resting place" there, where "the air is slowly changed," and "a quiet and protected location, which is a necessary condition for their *slow* development and multiplication." Instead, however, of the facts being as he assumes on this point as to the cause, he may know now if he wishes to, and for the first time, that the reason of his bacilli tuberculosis being different from his other assumed bacteria, is simply and only because of the different effects of "slow" suppuration on the fibrils of fibrin, breaking them up differently from what rapid suppuration does. And this is all there is of this part of the subject or of Koch's and his assumption of a tubercle bacilli.

I have investigated a little on this subject as well as Koch and Haupt. I stirred some fibrin out of fresh warm

blood just from a healthy bullock, washed it most thoroughly until there was nothing but pure fibrin left, put this into distilled water, set it aside to rot slowly, and thereby obtained hundreds of short rods, or pieces of fibrin threads that looked exactly like Koch's bacilli; or like a specimen of tubercle bacilli prepared in Ebertha laboratory in Germany last summer, and brought to this city by the physician who saw Prof. Eberth prepare it. Where did the tubercle exist in that healthy bullock to furnish the bacilli from its blood, which I saw? Their whole theory is simply preposterous, and is fully explained on one of the simplest facts in nature as this has just been given, viz., the slow rotting of the threads of fibrin. And this leads me to say that some threads of fibrin appear to require a much longer time to break up by rotting than others, which may well be another point bearing upon the true solution of the question.

There are still many other errors in the professor's criticism, only less glaring than those pointed out. He appears not to know any more about the effects of a too watery serum upon the blood globule, their unavoidable decolorization thereby, or what becomes of them after being decolorized, than he does of the great role that fibrin plays in all pathology. But why follow him longer. Enough errors have been pointed out to show the utter futility of trying to find the truth in the direction which he points. And such evidently being the best that Europe can give us upon this subject, it is time we aroused from our lethargy and sought the truth for ourselves on this side of the Atlantic. We cannot do worse, certainly, than they have done on the other side. Another point I cannot pass over in silence, viz., the moment any man disputes the bacteria theory, or a single point in it, no matter how great his attainments, or with what care he conducts his experiments; and no matter if he strikes out in a new field of investigation bearing directly upon the subject which the bacterists

never dreamed of, they rise as one man and proclaim him incompetent, careless and wholly unworthy of credence. Witness Stricker, Spina, Formad, Wood, and a host of others, who have been proclaimed incompetent and unworthy simply because they have found *facts* that do not coincide with, and cannot be explained by, the bacteria theory. And all this denunciation of careful men, be it understood, is by another set of men, with whom Professor Haupt must be ranked, who themselves show the greatest errors and the greatest looseness of ideas; and who know nothing of the facts I have pointed out about fibrin, as bearing upon and explaining their whole theory. I give them joy of their prospect of putting down the truth of the fibrin explanation.

And now, in conclusion, let us hope we have seen the last efforts on the part of members of this institute to galvanize a little new life into dying Allopathy, by endorsing this last and greatest of its absurdities, the bacteria theory. The Allopathists have at last about ceased their hopeless war upon us, and fell to fighting each other; and may we soon see the many errors they have given birth to removed from the face of the earth, and a way made for a true science of pathology and therapeutics, that shall be worthy of the name.

THE PRACTICAL APPLICATION OF SPECIALIZED AND VIBRATORY MOTION.

G. H. PATCHEN, M. D., Burlington, Iowa.

This article was written at the suggestion of the editor, as a reply to many letters of inquiry from physicians who desired to know something more difinite concerning the practical application of motion as a therapeutic agent.

Specialized motion, generally speaking, includes all those various movements and positions of the body and extremities, which comprise the so-called, "Swedish Movements."

These movements were first systematized for therapeutic use by Ling, and have already been so fully described and illustrated by various authors, that it would be a waste of time and space to enter into a description of them here. (See "The Hand-book of the Movement Cure" by M. Roth, and "Health by Exercise" and "The Movement Cure" by Dr. G. H. Taylor).

In regard to vibratory motion, however, the case is quite different. Its use as a therapeutic agent is comparatively new, its value but little known, and its methods of application but imperfectly understood.

Many attempts have been made to devise machines that would either be a substitute for, or supplementary to, some of the manual processes required by the movement cure; but, as far as my knowledge goes, they all, with one exception, fail to give satisfactory results. The exception referred to is the machine invented by Dr. G. H. Taylor of New York City. Not only is it a perfect substitute for many of the more tedious and tiresome manual processes but it also produces effects quite unattainable by any other means. It is superior to other machines in many respects. It gives only an oscillatory or vibratory motion which is certainly more agreeable to the patient, and, as its inventor clearly demonstrates, of greater therapeutic effect, than the jarring and jerking motion produced by many of the machines of other inventors.

In adaptation there is little or nothing more to be desired. It can be so applied as to affect a very limited or more extensive portion of the body as may be desired, and so adjusted as to reach any and every portion of the body from the sole of the foot to the crown of the head, including even the nose and the ears. Its operation upon any part of the body is absolutely painless, and in most instances, even pleasurable; hence the smallest child or the weakest and most sensitive invalid can avail themselves of its benefits without experiencing any disagreeable effects.

The machine is called a "Manipulator" by its inventor. The accompanying cuts, with a few words of explanation, will, I think, enable the reader to fully understand its mode of application. Figure one gives a side-view, showing the different parts and their relation to each other. Power is supplied by the hand at the crank attached to one of the spokes of the large wheel. B B are rubbing attachments with two opposing, elastic, adherent surfaces, between which an arm or a leg may be included. These attachments have an alternating, up and down action from the semi-rotary motion of the rock-shaft, H and are made to approach each other and press the included part to almost any degree, at the will of the operator, by means of the lever A applied through the ring shown under B at the head of the machine. These attachments are called the double rubber. D is a single attachment for rubbing. It consists of a

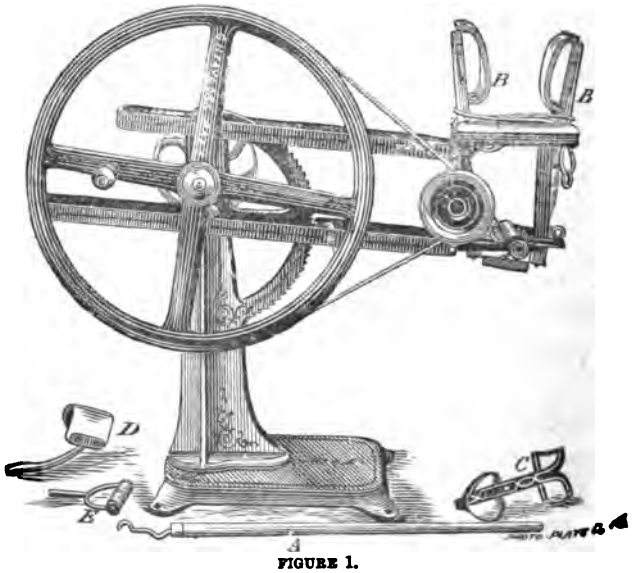

FIGURE 1.

forked, or V shaped pad, formed by an acutely bent piece of caoutchouc properly affixed to a stem or holder. It may be connected with the rock-shaft, H, at either side of the

machine and can be so arranged as to present the rubbing surface perpendicularly, horizontally, diagonally, or from above or below the part of the body receiving the action. C is the foot-holder. Properly attached it communicates to the foot and leg the semi-rotary of the rock-shaft H; E is the hand holder, which, inserted at the rock shaft H, and grasped by the hand, communicates similar motion to the hand and arm. G is a ratchet by means of which the head of the machine can be so raised or lowered as to allow the rubbing attachments to act upon every part of the body.

When elevated to the proper degree, the manipulator, by means of the single rubber, D is enabled to act upon all of the upper portions of the trunk; by means of the hand-holder E upon the hands and arms; by means of the double rubber, B B upon the arms, shoulders and scalp. When lowered to nearly its extreme limit, by means of the foot-holder C it communicates oscillatory motion to the feet and legs; by means of the single rubber D it acts upon the feet, ankles and lower legs; or by means of the double rubber, B B and with the patient either in a sitting or lying position, upon the feet and legs. Figure three illustrates the action just mentioned. Figure two, shows the action of the double rubber upon the arms. Figure four shows the single rubber in position to be applied to the back or chest, the other attachments being removed. By changing the position of the head of the machine it can be applied to almost any other portion of the body equally as well.

FIGURE 2.

"The forked, or V shaped rubber, makes an excellent instrument with which to communicate motion and energy to living parts. Its form and material combine that pecu-

liar delicacy and positiveness so desirable for the service required. The elasticity of the instrument is such that, while it will become flattened against the broader surfaces, as of the chest and trunk, it will also include between its branches, as by a sort of grasp, any portion of the limb to which it is applied. It also instantaneously adjusts itself to all irregularities of form and variations of position of the parts to which it is applied." It well merits the name of "Universal Energy Transmitter."

FIGURE 3.

Ordinary clothing affords no impediment to the action or effect of the various rubbing processes. In rubbing the feet the boots or shoes should not be removed.

"Experience demonstrates that no degree of feebleness excludes the beneficial use of these operations. Invalids too weak to stand, or to be in the least degree self-helpful may be treated with perfect success. It is only necessary to provide additional conveniences for these cases so that the applications can be made in the recumbent position. To this end couches are provided, each containing a separate portion of the manipulator."

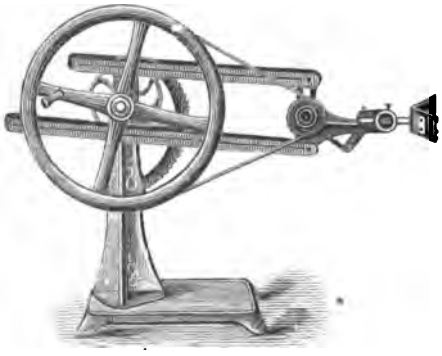

FIGURE 4.

Figure five, shows one of these couches arranged to supply motion to various portions of the body, with the patient

in a horizontal position. It can be operated by the manipulator, by means of properly connecting rods, or better still, by power (such as a gas or steam engine) sufficient to run a number of machines. It is called the "vibrator." It has two small wooden discs or heads fastened to two upright rods which act alternately up and down through an opening in the top of the couch. These heads impinge with a rapid, direct stroke upon the portion of the body exposed to its action. The top of the "vibrator," like the top of all couches intended for a similar purpose, is upholstered, and, by means of a ratchet arrangement, can be easily placed at such an elevation as will secure the proper force of the impingement.

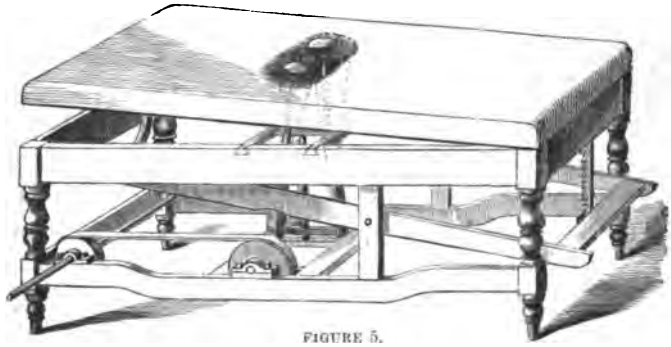

FIGURE 5.

The "Horizontal Rubber" is the name of another very effective instrument for the convenience of very prostrate invalids, as it allows various portions of the body to be subjected to an agreeable rubbing process while the invalid remains in a horizontal position. It consists of a couch similar to that shown in figure five, excepting that the headed rods are replaced by a rubber pad which acts with a rapid to and fro horizontal motion across the part exposed to its action over the opening. The elastic pad firmly adheres to the part resting upon it, which is thereby caused to participate in its motion. The rubbing processes shown in figures two and three can be given by the method just described.

Another agreeable method of applying motion to the feet and legs which is less fatiguing than the operation shown in figure three, consists in the use of a couch, at one end of which are placed rubbing attachments similar to the double rubber (see B B Fig. one). The rubbing surfaces are made to approach, or recede from each other, by means of a weighted lever within easy reach and control of the patient. The patient is seated with one thigh between the rubbing pads, as close to the body as possible, both feet resting on the floor and with a moveable support to the back. While the action is proceeding the leg can be gradually withdrawn as each portion receives a sufficient amount until the whole leg including the foot becomes glowing with the effect. The other leg by simply changing the position of the body, can then be treated in the same way.

"The effect of all these processes that have been described, is not confined to the skin, as is the case when a similar application is made by the hands of assistants. On the contrary, the motion penetrates interiorly, and the distinct and minutest anatomical elements are caused to glide with pressure upon each other, causing the energy thus employed to become resolved into other forms and effects quite unattainable in any operation by the hands."

The rate of motion usually transmitted consists of about 1000 vibrations, or changes of direction in the moving pads, per minute. Some cases, especially in the beginning of treatment, require a slower motion, but those accustomed to the action often desire an even more rapid rate.

There are certain slow motions that are almost indispensable for the relief of many forms of abdominal and pelvic derangements, but, which are almost incapable of being executed by hand, and therefore require some apparatus. Chief among these important movements are various forms of abdominal kneading.

"Chronic diseases of almost every description are accompanied by deficient motion of the organs inclosed by

the abdominal walls. This motion is essential because it is the foundation and source of the vegetative life of the individual. The art of medicine is often called upon to remove the varied and far-reaching consequences of this deficiency. The most certain as well as most speedy and satisfactory way of restoring this deficiency is by supplying the needed motion direct."

Kneading processes are given in three different forms, each form producing somewhat different effects. The direct or impinging kneader is a couch similar in all respects to the "vibrator," figure five, except that the arrangement of the action is such that a very slow motion (about 50 alternate strokes per minute) is communicated to the impinging heads. The action of the heads is upwards and forwards and is immediately succeeded by the downward return of the raised parts, by the action of gravitation. "Among the thoroughly proved effects of this process are the following: It removes constipation, it increases the muscular power of the abdominal walls and the digestive tube, and thus prevents a return of the constipation. It causes absorption of digested matters, and thus promotes nutrition. It promotes the digestive secretions. It induces sleep."

Another form of kneader, called the "Rotary Kneader" is

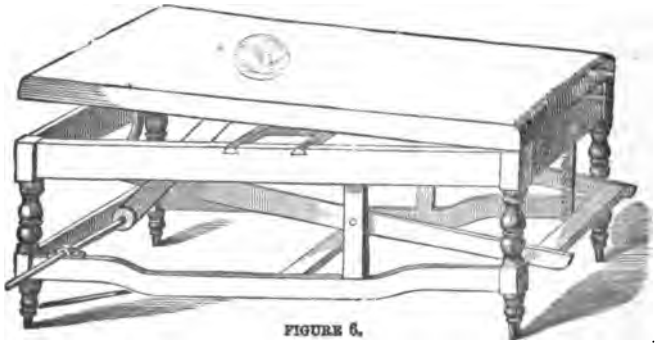

FIGURE 6.

represented in figure six. In this apparatus a single, large, wooden ball is made to slowly revolve within the opening at the top. By the ratchet arrangement of the lid the ball

is allowed to press upon the overlying parts to any extent agreeable to the patient. The ball moves in the direction of the ascending, transverse and descending colon, and assists very materially in urging forwards its contents. It is equally as beneficial in removing constipation as the direct kneader, and by many invalids is considered more agreeable. Their successive or alternate use is sometimes advisable.

There is a third form of kneader, called the "Revolving Kneader" which produces effects of great importance in addition to those already described. Instead of the impinging heads or revolving ball, two thick rollers attached to the ends of short arms radiating from a slowly revolving shaft, pass alternately through the opening in the couch and impinge upon the presenting part of the abdomen at each revolution of the shaft. The kneading rollers move forward, that is, towards the upper part of the abdomen, as well as upward. "This operation not only removes from the pelvis the weight of the abdomen, resulting from inertia, but also urges upward to a more elevated position, the contents of the pelvis, (womb, ovaries, rectum, etc.,) and strengthens the sustaining muscles. The effect is therefore permanent." "It also removes congestion and enlargement of any of the organs of the pelvis. It is efficacious for removing piles and prolapse of the bowels, and aided by other processes, overcomes mal-positions of the womb, as well as those troublesome functional derangements depending upon the causes above mentioned."

Much more should be written to make this article complete, but space forbids. I feel that I have trespassed already. I have only endeavored to give the practitioner a general idea of the way in which this simple but powerful agent, motion, the only truly physiological remedy, can be applied so as to be subservient to his own purposes and desires, and beneficial to many of his weak, suffering and almost helpless patients.

CLINICAL.

CHICKEN-POX, WIND-POX, SHEEP-POX, VARICELLA.

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Kansas City Hom. Med. Society.

Various authors have attempted to include this disease in the same ætiological group with varioloid and variola. The reply to this has been made that chicken-pox does not extinguish the liability to small-pox, and that an infection with varicella causes varicella—not varioloid nor small-pox. Without attempting to comment on the merits of the opposing factions in this contest, I want to cite some quotations regarding this malady, add some comments, and mention a case.

Niemeyer: Pract. Med., 1878, holds this language: "Treatment is scarcely necessary in varicella, as the disease is not dangerous, or very inconvenient, and always terminates in recovery, after lasting a week or two."

Raue: "The general feeling of the patient is not very often disturbed. * * * It seldom needs treatment.

Guernsey: Obts. 3d Ed. 1878, doubtless takes a more comprehensive view of this disease, for he says, p. 865: "*Tartar e:* The eruption fails to appear, and convulsions complicate the case."

A distinguished dermatologist (Wilson: Diseases of the skin, 1868,) informs us that "the constitutional symptoms accompanying varicella are usually very slight; there is some peevishness, sometimes moderate fever at night, but none in the day; the pulse is scarcely affected; the tongue is clean, and appetite undisturbed; but there is commonly some danger of catarrh, generally mild; and a little debility follows convalescence." * * * He adds under prognosis: "Varicella is a very harmless affection; it is never dangerous, and has never been known to be fatal."

Jahr: Forty Years Practice: "If the eruption is so severe that medical interference is required Tartar emet. or Pulsatilla, and likewise Sulphur help very speedily."

In the Clinical Index, 1869, the same author, section 3, remarks: "In the inflammatory period give Aconite, no matter what form the eruption may have, or Belladonna, if the brain should be irritated. * * *"

Lilienthal: Homœopathic Therapeutics, Ed. 1878: Copies Jahr literally, and makes no additions.

In referring to this disease, DaCosta, Medical Diagnosis, gives us this warning: "Yet I have known it to terminate fatally."

Henock: Lectures on Diseases of Children, Woods library, 1882: "Varicella is one of the few diseases which occurs exclusively during childhood. There can be no doubt concerning its infectious character. * * * I have never observed any serious complication or death, in consequence of this disease." * * * He advises no treatment.

The homœopathic writers, so far as examined, mostly regard chicken-pox worthy of some therapeutic notice, and Jahr gives us very definite indications for remedies. Most of us doubtless have looked upon this disease as not attended with danger, and usually found it terminate favorably, without complications. The admonition so often given us by Hahnemann to observe the *conditions* and symptoms of our patients, and not treat them for an ailment called by some Greek or Latin name, may not be forgotten here.

CASE. *Varicella: Belladonna:* The only observation in my experience of troublesome complication in chicken-pox is embodied in the following case, to which I was called Sept. 20th, the subject being a child sixteen months old, a strong, vigorous boy, who has always been well, and still nursing. He had at the time first seen a little fever, apparently from a cold, for which he received Belladonna and Merc. sol. In the evening the fever increased, and

he became very hot, restless, thirsty, and in the short sleeps which he had, much muscular twitching. About two o'clock of the following morning he had a very decided convulsion. He received Belladonna every fifteen minutes and promptly came out of it.

During the day—21th—he showed some well defined chicken-pox on his forehead; new vesicles rapidly appeared on his head, body and extremities, and the eruption has pursued the usual course. He has had no other remedy but Belladonna, no further convulsions, and he is making a good convalescence.

SEBACEOUS TUMOR.—SEBACEOUS CYST, CUTANEOUS CYST.—WEN.

The sebaceous tumor, essentially consisting of an enlargement of a sebaceous gland with a retention of its secretion, has been described under various names, founded either upon the character of its walls, the fancied nature of its contents, or the kind of structure in which it originates, as encysted, atheromatous, steatomatous, meliceric, and follicular. Wen was the familiar appellation by which it was known by the older surgeons.—Goss.

The contents of the sebaceous cyst vary in color and consistency, being thick and whitish, honey-like, like putty; sometimes granular like cheese; again thin, watery and very offensive, occasionally containing hairs or calcareous matter. In young subjects, and recent cases, the cyst wall is thin and delicate; in old cases it is thick, tough and may be fibro-cartilaginous, fibro-plastic, or calcified. The tumor may be solitary and homogeneous; its cavity may be occupied by a great number of sacs.

The sebaceous tumor is generally devoid of pain, unless inflamed or irritated, has very few vessels, hence does not readily or freely bleed, and is usually of slow growth. At first it occupies the texture of the skin to which it is con-

fined; as it grows in size by its pressure, it pushes through the skin into the fascia, which it sometimes penetrates to a good depth.

This cyst is most commonly found on the face, forehead and scalp, but is liable to occur on any part of the surface of the body. It is frequently met with on the neck, eyelid, shoulder, back, buttock, and scrotum. Cases have been observed on the prepuce of boys. Gross found upwards of two hundred of these tumors varying in size from that of a pea up to a hen's egg, on a man aged forty. It is no uncommon circumstance to find half a dozen or more on the scalp of the same person. When occurring on the tympanum, or within the auditory canal they frequently prove dangerous.

It may be congenital, or acquired. In certain families an undoubted hereditary disposition to this tumor has been noticed.

The treatment of the sebaceous cyst is almost exclusively surgical, and consists in its entire excision. Any operation which stops short of this, and allows any part of the the cyst to remain, will fail, and the growth will sooner or later recur. When the tumor has been subjected to long continued pressure, an extensive and tedious dissection may become necessary. Langenbeck, in a very exhaustive account of these morbid growths, points out the fact that when the cyst is found in the neck, it frequently slips down into the deep fascia, and not unfrequently adheres to the sheath of the cervical vessels, or is possibly developed in the substance of the sheath.

The only certain diagnostic test is to puncture the cyst, either with a tenotome, or the exploring needle.

When the tumor to be removed is large, or where several are to be excised at one operation, the patient ought to be duly prepared before hand. Erysipelas is said to follow, very readily after the operation, especially when made on the scalp. Anæsthesia will frequently be found necessary.

When any doubt exists as to the propriety or safety of using chloroform or either, the subject may be stupefied by frequently repeated doses of a few drachms of whiskey. I learned recently that ounce doses of whiskey, repeated every ten or fifteen minutes till the patient is profoundly unconscious, is now the usual practice in all major surgical operations in the Hom. Hospital at Ann Arbor, Mich. Dr. Obetz declares that he can thus maintain anæsthesia as long as desired, thus evading the dangers of chloroform and ether.

I have removed many sebaceous cysts, when after opening the sac, the whole mass could easily be withdrawn by forceps. This is mostly true in regard to recent cases. When the tumor has been subjected to pressure, or where it has been inflamed, the adhesions between the cyst wall and adjacent parts becomes exceedingly close; then we must use the finger nail, scalpel handle, or knife as circumstances may determine.

A CASE: Recently a young gentleman presented himself on account of a swelling as large as a hen's egg, growing on the right side of the neck over the carotid sheath. The tumor reflected each pulsation; the skin covering the tumor was red, and he complained of a good deal of soreness on nodding his head. Fluctuation was distinct; he said the swelling had most appeared in the last two or three weeks, and for which period it had been giving him some inconvenience and discomfort. From this history and the condition of the swelling I at first thought I had to deal with an abscess. Puncture, however, disclosed the true nature of a sebaceous cyst. Further and more critical inquiry elicited the fact, however that the swelling had existed for two or three years.

The homœopathic therapia for sebaceous cyst: Calcarea ost., Graphites, Silicea, Staphisagria, Thuja. Cures by various remedies have been reported, but I have had no experience with any remedy which appeared satisfactory.

INTERMITTENT FEVER—NATRUM MUR.

CASE: October 3, Ar. G. C.—age forty-five; usually has good health. Had a chill twenty days ago, for which he took ten grains Quinia Sulph. with the effect of suppressing the paroxysms for the time, but has not felt well since. Two days ago, i. e. October 1, he had a chill at three P. M., commencing in the popliteal spaces and the thighs, blue nails, long chill with thirst; fever and sweat, with thirst. Greatest thirst during heat; delirious; long fever and tremendous sweat. Had restless nights for some time previously—chill ended with vomiting. October 2nd, he took of his own volition nine grains Quinia Sulph. and felt pretty well during the day. Had a restless night, but felt pretty good in the morning till 10 o'clock, when he had a severe chill, preceded by violent thirst. At that hour he drank ice water and immediately had cramps in the stomach, and chill, with same symptoms as above described. At three o'clock P. M. his fever was still very hot, with much headache. He received Natrum mur.^{30} every hour.

October 4, sweat, headache and all the symptoms subsided at 10 o'clock last night. He slept soundly after that till morning.

October 5, no chill; weak, but feels otherwise well.

TWO INTERESTING CASES.

S. W. S. DINSMORE, M. D., SHARPSBURG, PA.

CASE I. *Hamamelis vir.*: I was called November 4th, 1884, to see Eddie S., age ten months. The two lower central incisors had made their appearance, the upper gums were swollen, in fact very much congested. The child was very fretful, especially at night. I was not the family physician, hence knew nothing of its history or past condition.

The mother said the lower gums had been cut, and she

would like to have the same done in this case. I made a slight incision in the congested gum and gave the child Aconite. I heard nothing more of the case till the evening of the 7th, when the father called to tell me the child was all right but the gum was still bleeding. I advised him to wash it with a solution of alum water, and report in the morning. He reported in the morning that the bleeding was no better. Whenever the child slept a few hours it woke up choking, and threw up clotted blood. I found upon examination, a small clot over the incision, from which a constant stream of blood was oozing. The child was constantly rubbing it, and thus kept the clot from closing the wound. I applied Monsel's solution to the wound, and gave Ipecac. The report in the evening was no improvement, the child had rubbed the clot off, and the flow was the same. The child was becoming weak, pale and listless, was passing blood with its stool and occasionally vomiting clotted blood. I now applied per chlorate of iron, and gave Cinchona[3]; the parents would not consent to the application of a compress. Sunday morning only brought a worse condition, the child weaker, less appetite, and unable to sit up any length of time. The same treatment was continued until Sunday evening with no improvement; it seemed impossible to keep the child from tearing away the clot. I now applied the actual cautery with a fine pencil, the hæmorrhage was checked from six P. M., till two A. M., when the parents were wakened by the child's efforts to throw up blood. On the following morning, and the 7th day from the operation, there was no appreciable difference in its condition. I now gave Hamamelis in water and had the mother bathe the gums once an hour with the Fld. Ext. The change was remarkable, in a few hours the discharge lessened, and by the next day had entirely ceased. The child rapidly improved in appearance and appetite, the tooth made its appearance in about four more days, and my troubles were over. While attending the child I found

several dark spots on its limbs and bowels, resembling bruises, they appeared very sore, as the child flinched perceptably on touching them. The secret of this hæmorrhage was discovered, also the indications for the remedy. While this may be neither new or wonderful to the majority of your readers, yet if I had had such an experience before this, it would have saved me a great deal of annoyance, and may be of use to some one.

CASE II. A child was brought to my office January 1st, age eight months. Its mother said it had not had a passage for eight days, though she had given it Magnesia, castor oil etc., and it had strained and cried a great deal. I had her loosen the child's diaper, when I found protruding from the rectum what seemed to be a roll of brown wrapping paper. I seized it with a pair of bullett forceps, and brought out what proved to be a wad of brown wrapping paper, covered with slime and blood. Quite a large passage followed, and the child was entirely relieved. I have learned by past experience to examine the rectum where there is much pain or straining.

CLINICAL CASES.

BY P. BENDER, M. D., Boston, Massachusetts.

Some six months ago I was induced to employ a method tried on several occasions by Hahnemann himself, by pity at sight of considerable suffering. I allude to the administration of medicines by olfaction. The results were so striking that I feel I should impart them to the profession.

A patient, the subject of mitral incompetency with albuminuria, visited my office one afternoon, complaining of severe, sharp, stabbing pains in the region of the spleen. She added, with a gasping utterance, that she had felt pain in that region for two days, which the jolting of the cars had greatly aggravated, and that unless I could afford

immediate relief she feared she would die. Although pale and faint she kept moving about, taking a sip of water between her walks up and down the room, and licking her lips to keep them moist. I was about giving her some Arsenic in water, when the thought struck me I should administer it by olfaction, which I did. Imagine, then, my astonishment when, after a few sniffs (inhalations) from a drawn vial of Ars.[30] in dilution, the pain disappeared as if by magic. She was able to return home soon entirely free from suffering. Before leaving I gave her ten pellets of the same medicine, and told her to repeat the dose every hour if required. The following day the pains returned, but were dispelled by inhalations from the vial containing the Arsenic. *En passant*, however, I may say that this patient became very ill; œdema of the extremities and ascites set in with cracks or furrows on the tongue and at the corners of the mouth, intense thirst and great chilliness. I gave her Natrum. mur. in the 12th attenuation, which had the effect of completely removing the dropsical condition and restoring her to her former state of health.

Shortly after seeing the above patient I met with a case of pleurodynia of the left side accompanied with considerable pain, aggravated by the least motion or increased breathing; pains sharp and lancinating, coming and going rapidly, occasionally compelling the sufferer to throw herself back and hold her breath. Two or three sniffs of a bottle containing Bell.[30] relieved all pain at the time. They returned, however, a few hours later, as also the following day, but each time they were dispelled by the same medicine, a supply of which I had given her.

Lately a negro visited me complaining of sharp, darting pains in the left pectoral muscles, aggravated by the least motion, or by lying on the right side, but relieved by lying on the left or afflicted side. Bryonia[200] afforded material relief, but only for a brief space. With good results I subsequently prescribed Sulphur[70].

I have tried the same treatment in several other cases, sometimes obtaining decided beneficial effects, and again not the slightest. In the latter cases I had to resort to the internal administration of medicines. In all cases I thought best to give the patient a vial of the successful medicine to inhale at home on the return of the malady, with instructions to take the medicine internally, if needed.

In connection with this subject I will relate an anecdote which was the outcome of a cure by Hahnemann on the person of a French count and effected by olfaction. A fee of one hundred francs was demanded, when the count took a bank bill of that amount and passed it under Hahnemann's nose three times, saying, "I liquidate my indebtedness after the fashion of your cure, which I hope is as satisfactory." I give this story for what it is worth.

Whether these cures owed anything to impression of the mind, or how much, may be worth considering as leading to an interesting field of investigation. The surprise of the patients on experiencing the relief was in most instances amusing, the ejaculations "magical," "miraculous," faintly reflecting their emotion. Even if a considerable portion of the amendment thus described be attributable to mental impressions, which, at this moment, I am not prepared either to assert or deny, preferring further experience before venturing towards a conclusion, I do not think it should discredit that result in the least. I believe on the contrary, that the profession is bound to welcome every means of assuaging pain and banishing disease—at least all such as produces lasting curative effects. And if the imagination can help us in such desirable work, however little, then welcome its aid—not, however with the object of setting too much value on that aid, or neglecting any of the old and usual helps and allies.

CYCLAMEN. After labor, colicky bearing-down pains, each pain accompanied by a gush of blood, with temporary relief.

VERIFICATIONS—NATRUM MURIATICUM.

D. B. MORROW, M. D., Sherman Texas.

CASE I.—Willie C—, aged 7. A croupy cough, almost suffocating at night. Much rattling in chest. Tolerably well through day. Patient grew worse under the use of the usually indicated croupous remedies, for two or three days, when blisters came about the mouth. A few doses of Natrum mur.[200] soon cured.

Have cured several cases of intermittents, when the rows of pearly blisters were about the mouth, with Natrum mur.[cm]. Find it more frequently indicated and much more curative in intermittents than Cinchona or Quinine.

CASE II.—Jno. M—, aged 58. Government detective. When well, weighed 225 pounds. Now much emaciated. Had been twelve years a druggist. Had been quite regular in his tipple, though never to excess. Did not believe in Homœopathy and when feeling badly had taken efficient doses of drugs. Complaining three or more years; a gradual decline, took calomel regularly and persistently. Then visited various springs and drank the waters; and the sea, and bathed. Becoming too weak to travel he was confined to house and bed. Several leading allopathic physicians were consulted, but "had no treatment" for him, because they could not diagnose the case, and he could not retain the medicine. They were of the opinion his liver was implicated, but that the principal trouble was in the heart. In this extremity I was called. He said, "there is nothing left to do, but to dig a hole in the ground and put me in it." He was of a pale yellowish complexion. Tongue and mucous membranes pale and clean. Anæmic. Skin dry. No moisture for a long time. Pulse 80, missing a beat very irregularly every third, fifth, seventh, sixth, fourth, or any other number. Feverish feeling, but thermometer never showed over a degree, above normal. Suffered from

summer heat, yet could with difficulty keep warm in winter, in a warm bed and warm room. Feet and hands would puff. Had echymosed spots, cherry red, here and there which turned black. In epigastrium a hard nodulated tumor, which he called his "goose-egg" or "cocoanut" from its size and shape—sensitive to pressure. Pulsations of abdominal artery very distinct. Parietes of abdomen very thin. A blowing murmur about the aortic valve. Obstinately constipated; no motion without aid. Appetite, but nothing agreed, and was afraid to eat because of subsequent nausea and restlessness. Sour vomiting; great thirst but water distressed. Insomnia, with a restlessness that was almost crazing. Sincope, while lying in bed sight was lost and he would lose consciousness, and his friends expected him to die in this way at any time. Feet burning hot to him, thrust them out of bed to cool them. Legs restless. Craved salty food. Took salt as "an antiseptic," and was worse after it. It had ameliorated his symptoms but lost its effect. Before fainting a feeling of a butterfly or bird lighting and flopping before his ear, usually his left. Left side of tongue partially paralytic at times, so that speech was not very distinct. Whole left side worse. Formication in various places. Lower limbs much weaker than upper. Vertigo when lying or rising. Mind clear; indifferent as to the termination of his disease, but wanted it to terminate. At times cheerful. If crossed, irascible to verge of insanity, so that the family fled in dismay. If a friend died or his sympathies were touched he was tearful, which lasted a long time. Willing to accept aid from any source.

Not a hopeful case, surely, but a good one for experiment. There was no remembered time of any pain in stomach, running through to back or elsewhere, to indicate perforating ulcer. The tumor did not descend, as in cancer, and his complexion was not worse than many people in this country after calomel and quinine treatment of inter-

mittent fever. Whatever the trouble was it was in his stomach, and was no where so well described as in Raue's pathology, page 928. A diet of milk with eggs beat into it, meat broths with rice water, and Murdock's liquid food, was prescribed. A magnetic treatment was given directed almost exclusively to the tumor in the stomach, and Digitalis exhibited in water, because of the irregular heart beat. My patient thinking it "only water" took much more than was ordered, which produced a severe attack of vomiting and secured respect for my medicines and attention to my directions, ever afterwards.

Natrum mur. was undoubtedly the remedy indicated by the special and peculiar symptoms in the case, and was exhibited in infrequent doses in potency ranging from 3x trit. to c. m. attenuation. Magnetics were applied at each visit, about three times a week, for four months during which time my patient steadily improved. As intercurrent remedies and on general principals—Hepar, sul., Mezereum Sepia, Kali carb, Phosphorus, Phos. Acid were exhibited, and frequently only magnetized water to amuse my patient.

At the end of four months the tumor did not seem larger than half a small hen's egg, and was not sensitive on pressure. The complexion was white with tinges of red in ears tongue and lips. Skin at times moist, bowels frequently moved without aid, feet and hands did not puff. Patient much stronger, cheerful and hopeful of final recovery. Magnetics were now discontinued, and diet and medicine only administered. Pulse perfectly regular, never missing a beat and remained so until death. Often ate what family did without distress. Slept pretty well without morphine. Hard dry spots came in his tongue each an inch long and half an inch wide, which yielded to Baryta carb. A gradual decline ensued which terminated in death two months later. Autopsy in presence of a homœopath and two of his former allopathic physicians, showed a small calcareous degeneration in the aortic valve. Liver, slightly enlarged but health-

ful; omentum and adipose tissue almost absorbed. The pyloric end of stomach adherent to under side of liver, three inches in diameter.

On detaching it a perforation of stomach was found, which when the stomach relaxed would about admit a silver half dollar. Parieties of whole right or pyloric end of stomach, was an inch or more in thickness, nodulated, with long floating villi on the interior. Left or cardiac end of stomach, healthful in appearance. The food was forced out of stomach by a *vis a tergo*.

The witnessing physicians agreed that his disease was scirrhus ventriculi and perforating ulcer. The points of interest in this case are: The allopathic failure to diagnose his disease and abandonment of the case, when he was their stubborn partisan. The successful treatment on the totality of the symptoms. The diagnosis was at no time clear, and a dozen or more physicians who saw him were too guarded to name his disease. The successful use of Natrum mur. in the case, which is not before mentioned (that I can find) as a remedy for either perforating ulcer, or scirrhus ventriculi (?)

The successful use of magnetics in the case, although much opposed to anything irregular, my patient was anxious to have continued. The speedy termination of the case, after its withdrawal proves its benefit. The fact of so large a round perforating ulcer and carcinoma, in the same patient with so little suffering. I have the specimen in alcohol. The benefit that desperate cases may derive from symptomatic Homœopathy, when the disease cannot be fully diagnosed.

CASE III.—Florence J—, Aged 13. Unable to attend school. Coxarthrocace, right hip joint. Right leg about four inches shorter than left. Heel apparently drawn up. Toe turned out. Could force it around straight by effort of will. The attack followed a mercurial treatment of fever. Suffered much, emaciated, walked on crutches.

Mother took her to a magnetic physician, who in two weeks stopped the inflammation and so far restored her that she could walk without cane or crutch. That was about three years before I saw her in above described condition. The right leg was much smaller than left and always cold, and frequently painful. Magnetics were used by application of hand outside of clothes over acetabulum, hip joint, pubic symphysis, sacrum and entire length of spine, as well as whole of right leg. The coldness disappeared in about a week, and in a month the limb was almost as large as its partner. Treatments were continued twice a week for two months, when the little Miss declared herself wonderfully well. It is now eight months; the shortening is about one inch, and the limp scarcely perceptible. A few doses of Hepar sul., Calcarea, Phosphorus and Silicea, were given in order named for intercurrent maladies.

CASE IV.—Mrs. W—, aged 75; tall, lean, gray, frail. Widow for forty years. Reared a family by hard work. Sick a great deal; allopathic treatment. Suffered from summer heat. Had spasm in stomach, very distressing. Had taken a pinch of salt at one time with quick relief. Craved salty food. Feet and legs cold to knees, could not get them warm in bed. Had burning and urging in urethra. Bowels either costive or loose. Sad, desponding. Wished she was dead. Thought her famiiy neglected her. Family afraid she would commit suicide and watched her. Magnetized by passes, which "made me feel like a girl again"—one or two treatments not by contact. Exhibited Natrum mur. in various potencies for some weeks, when she said, "I feel better than for thirty years." In regard to magnetics I have used it on old and young, and both sexes, for thirty years; principally in *painful* conditions of all kinds, and have uniformly had quicker results than with *any other remedy* or agent I have ever used. It is my hyperdermic and morphine, and lulls my patients to sleep if it is possible, and hastens recovery. I regard it a healing agent second to none.

These cases stated where magnetics were used, can be proven as stated herein. They were certainly not of the hysteric varieties of disease; but disorganizations existing from previous mismanagement. It may be objected that homœopathic remedies were used. But do homœopathic remedies alone produce as good results?

OUR BOSTON LETTER.

THE MIND-CURE; ITS THEORY, MODUS OPERANDI, AND COMMENTS THEREON.

HOTEL VENDOME,
BOSTON, February, 1885.

The attendance at the last meeting of the Boston Homœopathic Medical Society on the 12th inst., was the largest I have seen. The cause was the announcement that the subject of "Influence of the Mind in the cause and cure of disease, and what class of reported remedial cures are indebted to Mental Influence, and what not?" would be treated by Drs. Conrad Wesselhœft and Heber Smith.

The paper by the former gentleman was, as any one knowing him might have expected, able, though evincing no attempts at literary grace or style. It reflected the scientific freedom of thought of the day, and expressed the rationalistic view of matter. The Doctor pointedly set forth the great influence of the mind over the body, illustrating it by the impression that would be made on a person, told by several, that he or she did not look well, or on the other hand, that he looked remarkably healthy. He had known practical jokers succeed in sending people to their beds, by thus working on their imaginations, or nervous systems. He recognized the great importance of physicians manifesting cheerfulness before their patients, to enliven them, and divert attention from their ailments, urging that doctors should endeavor, whenever possible, to maintain hopes of cure. Of course groundless hopes should not be held out, lest great disappointments and loss of confidence should

ensue. Hypochondriacal cases most strikingly manifested the power of the mind over the body, as did also hysterical ones; but that organic disease could be cured by mere mental efforts seemed out of the question. He pointed out the dangers that might follow the "new craze," as many might neglect, during so-called mind-treatment, measures probably sufficient to save their lives if timely employed. The Doctor's remarks appeared to impress many, and he was listened to throughout with the greatest interest.

Dr. Smith followed, apologizing for not being more thoroughly prepared on so important a subject, and all present, doubtless, regretted it too. But, he added, he would endeavor to give his best views under the circumstances. He did not wish, at this stage, of his thoughts, to declare he believed or did not believe in the new system of "mind-cure" favored by some of the most intellectual of his patients. Its friends were increasing daily among the most cultured citizens. He was by temperament and education a spiritualist, in the philosophical sense; and consequently he inclined to believe in the theories of the new doctrine. He then sketched, briefly, its history, which, he said, was known to the Pantheist branch of the Buddhists, long before Christianity. This statement was certainly a revelation to your correspondent, no less than to other auditors. Dr. W. F. Evans in a work just published, "The Primitive Mind-cure," says that Plato was inspired on this subject by Pythagoras who himself gathered his ideas from the occult philosophy of Egypt and India; but makes no reference to the Pantheists entertaining such a doctrine. Dr. Smith's description of the manner in which the thoughts of one person may operate upon another was vague and mystical--so bewilderingly metaphysical as to puzzle the writer and befog many others. So far as I could catch or guess intelligently at his meaning he described disease as an "unbalanced condition of the organism—a species of vacuum which nature abhorred and was constantly striving

to fill up, to rehabilitate the system, in other words; and the mind-cure was a power which with the aid of hygiene could restore lost health." This power, he believed, was not magnetism, but the operation of a mental influence, to persuade the patient he was not ill physically, and when convinced, a cure would follow. He related several cases which came under his own observation, and which would surprise people unacquainted with some of the wonderful cures obtained by magnetism, but which he cited as proving the illimitable powers of mind. With all deference to my confrére I incline to believe that mesmerism deserves the credit for any useful results from this species of operation. All physicians of marked individuality consciously or unconsciously influence their patients, and when their manner is judicious, diverting and enlivening, cures often occur. The Doctor did not do himself justice on this occasion, for while appearing to say bright or striking things, he owed much of the effect to sonorous words and other rhetorical devices. When you analyze his observations, you touch bottom on a confused heap of images, fit to strike the fancy if not inform the mind.

During the discussion following the reading of the above papers Dr. O. S. Sanders contributed no little entertainment by the narration of a personal experience designed to illustrate the effect of mind upon matter. He was called to a case of confinement during the absence of the ordinary medical attendant. The patient regretted she could not have the services of her physician, who could put her in a trance and render her unconscious of the pains of labor. The Doctor at first puzzled as to what to do, bethought him of assuring her he could do the same as the regular physician. He then told her he would count five, when she would be in a trance. The illusive effect was complete as the mystic figure five being reached in a diminuendo tone, almost a whisper, she had become unconscious. The woman was soon delivered of a child, afterwards admitting she was unaware of the fact. To restore consciousness, the Doctor

reversed the order of intonation, practicing the crescendo scale, and as he reached "five"—*mirabile dictu*—she reopened her eyes. Whatever power aided the Doctor he did not know; but it prepared his mind for entertaining theories like the present. I need hardly say this anecdote evoked much incredulity, all thinking that the narrator could produce pretty useful cures had the imagination any part in the business.

Per contra, to show how a physician may injure his patients. Dr. Carville related the case of a lady acquaintance suffering from Hysteria, who was pampered and humored in all her fancied pains and aches by her medical attendant. He verily believed that this woman would be an invalid to-day, but for a special intervention of Providence which removed her doctor to that "bourne from whence no traveller returns." She soon recovered perfect health after this event.

The importance of this subject, which is occupying so much thought in the Eastern States to-day, justifies my giving you in brief, the theory of the "mind-cure" people, as explained to me by a strong believer in the movement. She states, in substance, what follows: Being born in the image of God, the real, imperishable life of man is, of course, spirit, which, being in the image of God, must be pure, and health-giving. The body, or flesh is, as expressed by German philosophy, merely "the externalized thought;" or, as many of the mind-cure theorists have it, is the symbol of the spirit. If it is merely the symbol it must be governed by the fact which it symbolises—which is always in health and has immortal life. If you ask, why is not the flesh immortal then? we should say, it is used as a symbol merely to serve the spirit while it is in a material universe, and when the spirit reaches that point in its progression when the supreme life can be lived, the flesh drops from it "like a withered husk." That which is the perfect thought of God, the spirit, must be unchanging in its essence, and

its very essence is *life*, which is *health*. This is the true condition—the real, the absolute,—but disease is "varying phenomena," which is no part of unchanging reality. Then inferentially, disease must be a seeming, a delusion practically an error in belief, and as such may be and must be dispelled by the light of the truth.

Disease is a nightmare; bring the victim into the light and the hideous pain of the troubled vision is banished. As in nightmare the victim sees ghosts and feels their touch, and the phenomenon seems the reality, the absolute. So the victim of disease sees the malady, feels it and considers himself in bondage to it; but bring him either from the nightmare or disease into the light and the phenomenon vanishes leaving only the real, the true. Then how shall one, suffering from the nightmare of disease be brought into the light of God—the light of the truth, which is health?

If men entertain erroneous religious or political beliefs, thinkers and orators who know the practical truth are chosen to present facts, to appeal to reason, to argue, to convince; and the masses guided by them change their beliefs, and this makes the face of the world anew. An error of belief held millions slaves in anguish of existence—the changed belief gave the light of political and social health to them in a few words—the emancipation act. To convince of outward, tangible facts we address the mind through the ear or the eye—and the whole life is modified. It is the power of thought, mind, spirit, to change the erroneous beliefs that affect the body. We are also to address the mind, but directly, without deferring to material meda. Since thought knows no bondage to time nor space nor materiality, we communicate with mind by mind, using mental truth, persuasion, appeal, argument, and the mind or spirit immediately gives freedom to its vassal, the body. "What the spirit promises nature will perform," says Schiller.

In applying the "mind cure" treatment to a patient an

effort is made to ignore as far as possible all thought of physical conditions; mental states are investigated—prior and present—sometimes going back as far as pre-natal influence, spiritual or mental states, but caring nothing to know of what is called "hereditary disease." The practitioner endeavors to persuade the patient against the mental states most conducive to discomfort—such as fear of life or death, apprehension of disease, and to argue against the belief that any present conditions, inflammatory or otherwise can by any rightful possibility govern the real life. The spirit which truly understood should govern the flesh is absolutely as the sculptor governs the block of marble on which he chisels the thought of his mind. But in arguing with the mind addressed directly through mind, not through the senses, the practitioner has to struggle mentally against prejudices, beliefs and feelings as old as the ages, that the flesh is dominating all life. And with only the embryo law as yet unfolded, it is small marvel that only in a limited percentage of cases does it command complete success. That success is achieved in cases of desperate extremity is sufficient evidence of a certain power in the theory.

An eminent German philosopher says "All pain arises from will, cognition, as such, however, being painless and serene." The mental practitioner essays to persuade the will without challenging the resistance of words, to gird itself, as it were, from a spiritual standpoint, to govern the senses and the flesh, which, is as matter, simply incapable of sensation and to engrave upon it the purity and peace that the spirit knows, linked as it is to God. There is no life in the universe but that which emanates from God, the central life, and this power comes to sustain life; this power can know no disease—then the power that is continually imparted to us is health. As Dr. Evans says: "In consequence of this indwelling of God, the common life of the universe, in us, recuperation is natural to the human body. * * * There is a divine energy inherent in the

system that immediately * * * reacts against every disorder of mind and body, and exhibits itself in a physical and physiological effort to restore harmony." The most superficial observer can see that the body expresses a state of joy in the soul, or a state of misery—the face, the eyes, lips, contracted or relaxed brow, the gait, all mark those easily discerned conditions. Why should it be thought unreasonable if we accept the more sweeping statement of those who having studied the blended phenomena of soul and body, to boldly assert that, what the body is as to strength or weakness, health or disease, will ever depend upon the state of the soul? But a child may be heir to vast estates, yet, if he never goes up to possess the land, he may die in beggary. Humanity is heir to this priceless freedom of the soul, with power to dominate the flesh—it has, however, not yet, assumed its birthright.

The above is but a bald outline, a mere skeleton of the new doctrine, lacking that verbal fleshly covering and rhetorical polish or gloss so useful in conciliating the good will of readers and thinkers in this artistic age. Doubtless the new theory, accompanied by ingenious and plausible illustrations and arguments would be more likely to come home to a larger number than as presented by my authority and myself, who are necessarily largely governed by our knowledge of the limits of your space. For my own part I do not presume to pronounce dogmatically and at once upon the merits of any new theory for which even plausible arguments may be set forth, aware of the fact that

"There are more things in heaven and earth—Horatio."

Than are dreamt of in your philosophy. We must also admit the great power of the mind in many cures, as well as in influencing conduct in a multitude of cases of importance, respecting prompt and suitable action, improvements in living, methods of thought, conduct and so forth. Our whole action and intercourse in life is mightily affected, when not governed, by the mental opinions and influence

of other minds, as well as events. Sir Erasmus Wilson says that to his knowledge hair has turned white in a few hours from mental excitement; and I have known myself of two instances when it occurred in the space of a night. It has been well established that idiocy in the offspring has been caused by mental emotion in the mother; and remarkable cures have followed fright, several of which I could cite. Fear blanching the check, joy suffusing the face, also exemplify the action of the mind upon the body. Every physician of large experience could speak of patients, not hypochondriacs either, whose minds having, perhaps after long periods of fancied illness, been disabused of their illusions, have been quickly restored to pristine health and cheerfulness. Proper explanations, sensible counsels, timely appeals to personal pride and sturdy exhortations to duty have at length awakened a new spirit in languid, timid and imaginative patients, whose chief object for years or months had been the absorption of all the purblind sympathy and stimulating medicines procurable.

I have known a patient, a nervous, pampered woman, who had spent more than three years in bed and almost weekly looked for her demise, started on the way of an early and perfect recovery by being lifted out of bed by her doctor, persuaded to dress and move about, and wisely and systemically encouraged to resume her household duties and cease "nursing" her imaginary or partly-imaginary malady. I could enumerate a score of such cases which came under my immediate care and with equally successful results. The effects of mental appeals and exhortations—of wise mental influence of all kinds upon persons ailing in mind as well as in body—upon the sick and the dying, the bad and the apathetic, as well as the good, are well known to all intelligent observers; and sympathy is admitted to be one of the noblest and most potent forces of humanity.

Undoubtedly much more good might be done in every

department of suffering than ordinarily witnessed by a right, kindly use of the higher and better powers of the mind. But such a reformation pre-supposes, of course, a closer and more careful study of the intellectual faculties and the affections by which our race is mainly governed. This branch of education might be cultivated with the greatest advantage both to physician and patient. The intimate, the mysterious connection of mind with body, calls for all possible light as to the capacities, peculiarities and operations of the former both as a separate agent and an ever-ready co-operative force.

Mind and body must henceforth be better known if the highest attainments in the healing art are to be reached and the community is to be protected against quacks and metaphysical theorists of whatever school. I do not pretend, within the limits of a single contribution, to criticise the views of the new school in regard to its chief principles or assumptions, or to combat its theories respecting the nature of soul or spirits, its exact office and power in the human economy, or its vast superiority over the flesh, with its corresponding claims and capabilities. Nor am I prepared to cast all the responsibility for human ills, follies, errors and weakness upon the poor corporeal envelope. The flesh has a hard enough time of it, without shouldering an undue share of life's sins and follies—that is, supposing the "mind-theorists" to be a little mistaken as to its failures and inferiority. The spirit or immortal part may require instruction, too—may naturally, however in some respects resembling the celestial spirits, incline to err sometimes and may thus have at least a share in the body's folly or misbehavior. But perhaps it is only intended, if the mind-motors (to coin a new appellation) admit the fallibility or composite nature of the spirit, to exert its best and wisest powers in the work of human cure and improvement. If then, that could be done, the profession would make a vast step in advance, effect cures more rapidly, and

without medicines either. The druggists would be the sufferers, no doubt, as society's meat would be their poison; but the great gain of society could find recognition in some compensation for the sacrifice of vested rights.

The new system would require as well as much knowledge of psychology, frequent mental diagnoses instead of the present, with abundant faith on the doctor's part. He would have to gaze, much with his mind's eye—the cure would not be "all in his eye," whatever the scoffer may say—for the patient would need a sensitive condition, and almost equal faith, to secure a perfect impression and cure. But the mind is powerful in some practitioners, sympathy spreads fast, and we might soon learn to dispense largely, if not wholly, with gross material boluses, such as our allopathic confreres love to prescribe.

With a view to a fair and full discussion of the subject, I have thus set down, hastily, some considerations on each side, which may suggest others worthy of further thought. On the moral aspect, it may be asked—what about pretence, dissimulation or exaggeration on the mind-operator's part, in order to excite, cheer and cure the deluded as well as the actual sufferer? High authority forbids us to do evil, that good may come. And the failure of the mind or faith cure, or a puzzling and crippling reaction from the excitement might greatly injure the system, throwing discredit on its best principles, and unduly elevating the body at the expense of the soul, or better-half.

I will close this rather lengthy correspondence by expressing my belief that it is wisest in cases like the present to "hasten slowly" (*festina lente*), and while turning to prompt and efficient account, in the practice of the healing art, every discovery even moderately useful, to be very cautious in discarding methods and remedies which experience has abundantly shown to have rendered enormous service to suffering humanity.

P. BENDER, M. D.

TO THE HOMŒOPATHIC PROFESSION.

The Hahnemann Medical Association of Louisiana sends its cordial greeting to every Homœopathic physician, far and near, North, West, East, South and abroad, and invites them to honor with their presence the forthcoming convention of Southern Homœopaths. This will be held in the city of New Orleans on the ninth day of April, 1885, for the purpose of organizing a Southern Academy of Homœopathy and celebrating Hahnemann's birthday.

C. J. LOPEZ, M. D.,
Corresponding Secretary.

A valued correspondent in the South in a recent communication to this journal complains that "of course the Southern Homœopaths were in favor of the above project, while the North was solidly against it." We think he is mistaken, or has confounded the opposition to the next meeting of the American Institute in New Orleans, with the organization of a Southern Society. So far as we know or have heard a Southern Society will receive the encouragement and the endorsement of every Homœopath in the Northern States. There is an immense field in the South awaiting cultivation and while the harvest is ready the laborers are few. Any movement which has in view the spread of Homœopathy in the South will receive a "God-speed" from every well-wisher of the cause.

LEIBIG'S FOOD.

Dr. E. T. Williams in the *Boston Medical and Surgical Journal*, says:

The earliest announcement of Leibig's method of preparing infant's food was received with the warmest enthusiasm by the profession and the public. The idea of using malt as an artificial digestive for starch was certainly a brilliant one, and seemed to promise an infallible cure for every form of starchy dyspepsia, both in children and adults. This does away with the trouble of cooking, and secures a perfectly uniform product. One of Leibig's sons, with the "help and approval" of his father, as he states, is or

was concerned in the manufacture of such an article under the name of an extract of Leibig's food. They are made or should be made by digesting malt and water in the form of a "mash," as brewers do, till the starch changes to glucose, and then evaporating to dryness in a vacuum. They are nothing more than Leibig's food ready made and evaporated down for convenience of keeping and dispensing. The popular Mellin's and Horlick's foods are articles of this sort. They consist mainly of grape sugar with the nitrogenous and mineral elements of grain. A half-pound bottle of Mellin's food costs seventy-five cents; *a one pound can of Horlick's food sells for the same price.* They are good foods and suit children extremely well, and Leibig recommends the food as a nutritious drink for adults as well as children. Leibig recommends it in coffee in the place of cream. I have found it very good in chocolate. With coffee especially, in the style of *cafe au lait*, I have found it a capital breakfast drink. I think that both coffee and chocolate *a la Leibig*, if they could be made fashionable, would make a most useful addition to our dietary.

NEW PUBLICTIONS.

CONTROLLING SEX IN GENERATION. By S. H. Terry, M. D. Fowler and Wells. New York.

This is a semi-professional work in which the author has a theory to prove, which he attempts to do by the usual device of tabulating statistics, and as "figures cannot lie," he apparently succeeds. It is a readable book, and to many the theory may be worth investigating. Read it.

SMITH'S DIAGRAM TO PARLIAMENTARY RULES. Herald Publishing Co., Battle Creek, Mich. Price 50 cents.

This diagram shows the relations of any motion to every other motion, and answering at a glance over 500 questions in parliamentary practice. To all who may be called upon to preside over or take part in business meetings, this little handbook with its unique diagram, is indispensable. The best of the kind we have ever seen.

THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH. Three clinical lectures. By Geo. M. Lefferts, A. M., M. D., Lambert & Co., St. Louis, Mo.

The author's method of making an accurate diagnosis is admirable and worthy of careful study. But when we have said that

we have said all. The folly of treating *nasal catarrh* as a local instead of a constitutional affection is simply ridiculous; often entailing on a patient a train of suffering compared with which nasal catarrh in any form is a blessing. In the matter of treatment the book will do more harm than good.

THE HOMŒOPATHIC TREATMENT OF EPIDEMIC CHOLERA. By B. F. Joslin, M. D., with notes and additions by P. P. Wells, M. D. Supplement No. 6, of The Homœopathic Physician. Small 12 mo., 96 pp.

The publication of Joslin's excellent monograph on epidemic cholera (long since out of print) with a complete repertory, and practical notes by P. P. Wells, M. D., that master of the healing art, is very opportune, in view of the probable opportunity we shall have the coming summer to put them to the practical test. The editor of *The Homœopathic Physician* deserves a large subscription list, as this is free to subscribers, and is itself worth a year's subscription.

MANUAL OF HISTOLOGY. For students, practitioners and microscopists. By C. H. Stowell, M. D., F. R. M. S., professor of histology and microscopy, University of Michigan. Third Ed., large 8 vo., 368 pp., 370 plates and 178 illustrations. Price $3.50.

That the third edition should be called for in so short a time is about as good evidence as can be given of the practical value of the work. It is well printed, well illustrated, concise and practical, and so arranged that student and practitioner can refer to it with pleasure and profit. For the busy man who has not the time to master the microscope and wade through the more pretentious volumes in order to do a little work in histology, this volume will be invaluable.

HISTORY OF THE UNIVERSITY OF MICHIGAN. By Elizabeth M. Farrand, assistant librarian. Published by the author. Register Press, Ann Arbor. 300 pp. Price $1.50.

This neat volume gives apparently with accuracy, and in the order of their occurrence, the most important events connected with the founding and growth of the University. But while it presents the various acts of the Legislature and Board of Regents, the faculty changes, the Tappan war, the Rose-Douglas laboratory defalcation, and the bitter fight against the establishment of the Homœopathic College, in regular order, it is lamentably deficient in what would most interest every alumnus, viz., college customs.

and college anecdotes. To every one who has ever been connected with the University it will be read with interest, and is well worth the price.

THE LONDON MEDICAL STUDENT, AND OTHER COMICALITIES. Selected and compiled by Hugo Ericksen, M. D. Published by Dr. H. Ericksen, 11 Farmer St, De'roit, Mich. 207 pp. Price $2 00.

Hazlett says: "Man is the only animal that laughs, for he is the only animal that is struck with the difference between what things are and what they ought to be." The author must have had in view the above definition of the psychology of laughter, or the old adage "laugh and grow fat," when he undertook the compilation of this book. He certainly has succeeded in furnishing a volume which should be found on every office table, for a good hearty laugh often vies with podophyllum or nux vomica in removing either mental or physical "bile."

"A little laughter now and then.
Is relished by the wisest men."

If our over-worked doctors would "throw physic to the dogs," take a month's vacation every year, and do a moderate amount of laughing over this or some other book, we would not have so many cases of nervous exhaustion and premature breaking down to record.

BOOKS AND PAMPHLETS RECEIVED.

School Hygiene in Tennesee. By D. F. Wright, M. D., State Board of Health.

Provision for Ioditic and Feeble Minded Children. By I. N. Kerlin, M. D., Elwyn, Pa.

The Eye as an agent in causing headaches and nervous disturbances. By Geo. S. Norton, M. D., New York. Reprint from Hahnemannian Monthly.

Thirty-third Annual Report of the N. Y. Ophthalmic Hospital. This noble charity is doing excellent work and deserves what its Directors ask for, increased accommodations.

The Sanitarian.—This excellent monthy of 96 pages, would be a valuable aid to every physician, and should be found in every office. $4.00 a year. The address is 113 Fulton st., N. Y.

Ten days in the Laboratory, with Dr. Koch of Berlin. The methods to be employed in the cultivation and detection of the comma bacillus of Asiatic Cholera. Geo. W. Lewis, A. B. Buffalo. Reprint.

WE have received a prospectus of "Mind in Nature," a new 16 page monthly for $1.00 per year. The list of "special contributors" includes the names of some of our ablest homœopathic writers. Cosmic Publishing Co., Chicago.

Typhoid fever and low water in wells: H. B. Baker, M. D., Secretary State Board of Health, Lansing, Mich. Reprint. This pamphlet is well illustrated by tables of statistics and diagrams, showing a direct relation between low water in wells and the prevalence of typhoid.

Report of the Homœopathic Hospital of Minneapolis for 1883 and 1884. With a hospital property worth $50,000, only slightly encumbered, a free dispensary and an active membership, our Minneapolis friends are certainly to be congratulated. This shows what united work can do.

The North American Review for March, contains a very readable paper by Prof. N. K. Davis on "The Moral Aspects of Vivisection" in which he brings under review nearly everything of note that has been written on this subject; and G. J. Romanes discusses "Mind in Men and Animals" in a very interesting manner. This is a broad subject for a magazine article and is by no means exhausted.

The Popular Science Monthly for March, has an article by Dr. Frank H. Hamilton on "Medical Expert Testimony," dealing especially with the question of Insanity, and Dr. Van Pattenkofer, who is a disbeliever in Koch's bacteria theory of Cholera to such an extent as to offer himself a victim by swallowing the bacillus, brings forward a theory of his own. He believes the propagation of the disease to be largely controlled by conditions of the soil; but he does not clear up the question by any means.

The March Century.—Recent events lend special interest to the opening paper in the March Century on "The Land of the False Prophet," by General R. E. Colston, formerly of the Egyptian General Staff, and leader of two expeditions in the Soudan. General Colston's article was written early in October, yet he seems to have anticipated the obstables with which the British expedition has had to contend, and the information he conveys throws much light on subsequent events. There is a very readable editorial on the Cholera from a popular stand point, but the "series of war papers" are the chief interest if we are to judge by the large circulation.

N. Y. OPHTHALMIC HOSPIPAL, makes a good report for Feb.—4,386 prescriptions, and 659 new patients.

EDITOR'S TABLE.

G. M. PEASE, M. D., has recently been elected Medical Director of the Department of Cal., G. A. R.

WE observe that Dr. Shreve of Burlington, N. J., has been defending Homœopathy and correcting some popular errors.

The eldest daughter of Prof. J. G. Gilchrist, M. D., was married at Detroit, Feb. 14, 1885. We extend congratulations.

CHAS. G. WILSON, M. D., (U. of M., '82) has located at Clarksville, Tenn. A valuable addition to the Ranks of our Sister State.

DR. M. M. EATON and wife have returned from a ten weeks sojourn in Jacksonville, Fla., much improved in health and prepared for work.

DR. C. H. COGSWELL of Cedar Rapids, Ia., has been appointed Prof. of "Diseases of Children" in the University of Iowa. This is a good appointment and will materially strengthen the Faculty.

DR. L. YOUNGHUSBAND of Detroit has just received a letter from Prof. Koch of Berlin, with a microscopic slide of the "comma bacillus," which is regarded by Dr. Koch and his followers as the sole cause of Cholera.

DR. C. G. WILSON of Cleveland College (class of '83), late assistant to the Chair of Surgery, U. of M., has received the appointment of resident physician of the Homœopathic Hospital, Pittsburgh, Pa. A good selection.

FOR SALE.—Property and good homœopathic practice, in a live town on the M. C. R. R. Good surrounding country. Good opening for a young man. J. J. Kester, M. D., Vanderbilt, Otsego Co., Mich.

ERRATA.—Tally one for Dr. Pease. In our biographical sketch, page 429, February Number, by a typographical error Dr. Pease was said to be born and graduated the same year, 1839. Either Dr. Pease was a precocious youth or there is "cramming" done at Harvard. He did not graduate until 1863.

DIED.—William Braithwaite, M. D. Mail advices from England announce the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31. The *Retrospect* will be published under the Editorial management of his son, Dr. James Braithwaite whose name has been on the title page for a quarter of a century.

IMPROVED FEVER THERMOMETER.—This instrument has an indestructible register which cannot be lost; the whole column of

mercury rises and remains as an index. The tube is thick, flattened on the back to prevent rolling. The bore is full size and flat thus rendering the mercury column plainly visible. They are seasoned and guaranteed accurate. Smith's Homœopathic Pharmacy, Cincinnati. Price, in hard rubber case, $1.50.

THE Boston *Medical and Surgical Journal*, speaking of small medical fees, says that there is, or was a short time since, in Boston, "an institution of a quasi educational nature where there is a resident physician (female homœopathic) whose charges for a consultation, including medicine, are twenty-five cents." Boston is pretty well up, but cannot claim all the celebrities. We happen to know of a physician in general practice (female allopathic) whose charges for a visit eight miles in the country, including examination and medicine (allopathic) are only one dollar. And still the rush for diplomas continues.

MEDICAL ADVICE BY TELEPHONE: *Husband*—My wife has a severe pain in the back of her neck, and complains of a sort of sourness of the stomach.

Physician.—She has Malarial colic.

Husband.—What shall I do for her?

[The girl at the "central" switches off to a machinist talking to a sawmill man].

Machinist to Husband.—I think she is covered with scales inside, about an inch thick Let her cool down during the night, and before she fires up in the morning, take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire plug, and wash her out.

Husband has no further need of this doctor.—*Scientific American.*

CHANGE OF DIET: "Hello, doctor?"

"Hello! Mrs. Elcho."

"Clara grows better and her baby is quite well. Could you not suggest some change of diet for Clara?"

The telephone switch cuts off the physician and admits the order of a veterinary surgeon to his assistant.

"Give 'er bran mash and have the groom rub 'er down."

ANATOMICAL: "Hello, McGregor." "Hello, Smith." "The flue of my boiler is stuffed up; can you send a hand here to clean it out?" The mischievous switch is turned and lets in the janitor of the pickel-vat at Ann Arbor who is whispering to a Detroit medical student; "I'll send a leg."

THE

MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.

VOL. XV. ANN ARBOR, APRIL, 1885. NO. 10.

ORIGINAL CONTRIBUTIONS.

THE AMERICAN INSTITUTE, vs. DRUG ATTENUATIONS.

C. R. MUZZY, M. D., Newton, Wis.

On reading the proceedings of the late secretary of the American Institute, one is reminded of the statement often made that, large bodies move slowly. In reference to the proposed revision of our Materia Medica it would not be great injustice to say that the American Institute moves like a crawfish. The average country doctor has a tendency to look up to the principal societies of his school for more light upon old subjects; may he be granted immunity from having "the lights put out."

The attempt to revise our provings of drugs so that the average city doctor can prescribe the right remedy with the greatest of ease sounds well for the over crowded office; but in the country, in Wisconsin especially, physicians of our school need to be instructed how to replenish the pocket-book by making one case last until the next one comes. If the American Institute would get up a "circumlocution office" to be occupied by its bureau of Materia Medica, and therein show us "how not to do" it might help us

more. It is not clear to my mind, however, what may grow out of this hewing process which is proposed and we will trust to the Dutchman's adage, "The longer a man lives the more he finds py shiminy out."

There is in medical affairs, as in politics, a medium course, which, if adhered to by the majority leads on to right and justice. Unfortunately the majority in both are prone to follow one or the other extreme. There is a medium between the extremists in Homœopathy that would strengthen them, if they would meet upon it. In the meetings of the American Institute the majority rules sometimes to its detriment, I think, and especially when it decides (for those who want an easy walk over the course of Materia Medica), that the twelfth attenuation of drugs is just the place where something stops and nothing begins. The picket or advance guard is often aware of danger when the army sleeps, and if he is true to his trust disaster may be averted. The Homœopathic army has been wonderfully blessed in the trustworthiness of its advance guard, but in civil as well as in martial affairs picket life is a dreary one, and poorly paid (in dollars and cents), and the allurements of a central encampment are great; yet I trust that relief will come to our outstanding pickets in the future as in the past. "A house divided against itself cannot stand" the scriptures teach us; I hope I may be pardoned for adding that a house *united* against itself ought to fall. I do not presume that any thing I might say on the "potency question" would influence the American Institute in the least. It is a rare occurrence that organized bodies of men standing high in authority—if only in their own estimation—ever think of reform for themselves, except popular opinion drives them to do so.

Popular opinion with Homœopathic doctors seems to drift toward crudity at present, (if the action of the American Institue is the criterion). Our supporters however are forming opinions away from the use of crude drugs.

The rank and file of the former are approachable through the medium of medical journals, I trust, and the latter are encouraged by good treatment; so that if each one who has thorough convictions in the true principles of Homœopathy will—in council and in practice—put his shoulder to the wheel, the time may not be far distant when "the tail will cease to wag the dog."

Since "The Institute" has prescribed rules for our medical colleges to follow (after due notice) concerning preparatory qualifications of matriculants and have omitted to require any examination as to their knowledge of the contents of Hahnemann's Organon, would it not be well for the preceptor to look to it lest the young recruit should become muddled with the conflicting statements he is liable to hear concerning the law, Homœopathic? "Include no symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below." The laws that govern dynamic forces must be subservient to material force, virtually saith the American Institute.

If we take Hahnemann's writings as any criterion, vital dynamics have much to do with Homœopathy. Dunglison treats of Homœopathy and Dynamopathy in synonymous terms. True analysis of paragraph 16 of the Organon shows that Hahnemann believed that the force to be exerted upon the organism in disease must be similar not only in power but in kind of power to that which keeps the organism in motion, and, inasmuch as he describes disease as a disturbance primarily caused by an impression made upon that hidden power of the organism by a dynamized force, how better, then, can we influence the prover in the production of symptoms than by the use of dynamized doses of medicine. If the materialists of the American Institute have by any means seen in material form the power that animates the human organism, then their rules given to Americans and Englishmen how to operate upon that

power are relevant, otherwise impertinent. Hahnemann was a man that nearly exhausted thought upon his subject before he gave it to the world; whoever will give his works the attention they deserve will find it so. The turn of the "Yankee" mind is to invent some improvement upon that which others have done. Hahnemann was not of the patent right order of men, hence the confusion that follows the attempts to improve upon his teachings. Some repudiate all attenuations carried beyond color, smell or taste; others carry them to infinity and are not happy.

If I pass judgment upon the actions of men I expect to be judged also (for I believe in a day of judgment for all), but I cannot but think that the controversy over the "potency question" has grown from an effort upon both sides to improve upon nature's law of cure so squarely set forth by Hahnemann. The materialists are now in doubt not only about attenuations but the records of drug provings by Hahnemann and his followers down to date. They think that the work has been poorly done and decide that our Materia Medica must be revised.

If the incentive to this movement has in part grown out of the attempt to treat disease upon the Homœpathic law with crude drugs, or if they have repudiated all symptoms of the Materia Medica not produced by crude drugs, then the need of a change must be felt by those who made the attempt. Those men who have used medicine in dynamic form and who have regarded the totality of the symptoms of the highest importance have felt no such want, I am sure. They have not been disappointed in the work done by Hahnemann and his followers in furnishing drug provings which have been so well arranged and presented by men of the present decade whose honor stands above reproach.

Individuality of the vital principle in man will show itself in the provings of drugs differently under different circumstances, and it is important to know of the peculiari-

ties of the prover as well as those of the drug. With crude drugs the symptoms produced will appear more uniform in a class of provers. The drug acts more direct upon the organisms as its action is more mechanical; poisonous doses develop almost identical symptoms in all. With attenuations symptoms become more diversified, the individuality of the drug in its dynamic form is free to act with the dynamic force of the organism upon the law of attraction (unlikes) uninterrupted by mechanical impediment, and where the attraction exists we obtain valuable characteristics of both forces while the engagement lasts which is governed by the degree of attraction and the equality of the forces. As we descend the scale in vital activity, to be properly acted upon we must ascend the scale in attenuation. The same rule holds good when attempting a cure by repulsion (likes). Hence the necessity of attenuations not only to cure all that are curable, but in getting complete provings, and the latter will not be accomplished until every type of humanity is exhausted in the test under all circumstances. Go on with your proving gentlemen, but do not attempt to circumscribe the work.

When the lowest vitality has been reached in a person free from organic disease, the attenuation that will correspond to that force is high enough for the purpose of proving drugs, and for proving the prover, for it is reciprocal action; and when the lowest patient with the worst form of disease is found and the highest attenuation has been reached that will give him the most relief while drawing his last breath, that attenuation is high enough for curative purposes; and further, if any one can show us just where the dynamic form of drugs begins -free'd from all mechanical interference—that attenuation is low enough for the physician to carry who claims to be thoroughly homœopathic; beyond this point no one can give positive rules. Be sure you have the dynamic form of drugs, then proceed as the case demands.

If the extremists of our school of medicine would cease to report cures in a boasting manner that either very high or very low attenuations were to be accredited with the result, and agree that this is a question to be settled in practice at the bedside of each patient by the attending physician after careful observation and council with his own intelligence and the law, great good might come of it.

Providing one starts with attenuations sufficiently high so that his drugs are robbed of direct chemical or mechanical effects, I care not if he employ the third decimal or the one-hundredth thousandth centesimal if he has a well cultivated conscience and it justifies him; but let him not boast that he has found the Alpha and Omega of drug attenuation each time that he affects a cure.

Dissimilarity in the human family is as marked to-day, no doubt, as it was in the first offspring of Adam and Eve. This is evident in the general external appearance of the living. It is true we have not seen Cain and Abel, but we have seen the face of a murderer and that of his victim in the discharge of his duty, perchance, and if the clay is subordinate to the spirit (and I think it is, begging the pardon of the American Institute), we may make the comparison with accuracy.

Hahnemann says: "The organism is, indeed, the material instrument of life;" hence, by the external appearance of men and their actions we may judge well as to the diversity of action of the life principle which pervades and animates the organism of different men. What, then, shall we think of a movement to limit the means of observation of the individuality of the life principle in those who are to be its guardians when disease invades the organism. The least that can be said in criticism of those who pressed this point to its arbitrary issue in the American Institute was spoken by one of their colleagues; "They did not realize what they were doing." Great anxiety is exercised about the purity and reliability of high attenuations by those who offer their

eye sight for others to see by. If a drug is handled with care till it passes the stage of chemical susceptibility, nothing which is likely to occur short of contact with its antidotes—which are then the drugs which bear the greatest similarity to it as shown by provings—will destroy its usefulness as a remedial agent.

At this stage of its existence the materialist "chips in" and says, there is nothing left to destroy. Whoever has seen the fiftieth and one-hundredth legible copy of a letter taken from one impression made upon a cake of gelatin with analine ink, has no reason to doubt that alcohol or water has the power, when properly applied, to divide any medicinal substance into as many parts without destroying it. When God permitted Adam to be tempted and partake of forbidden fruit he gave to the world the law of comparison whereby men were to know good from evil and right from wrong. It would seem as if, in the 19th century, every man would be eager to make every possible application of the law, in behalf of suffering humanity.

ANNOUNCEMENT OF THE FIFTH ANNUAL SESSION OF INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The next annual session of the International Hahnemannian Association is called to convene at the Court House, Syracuse, N. Y., on Tuesday, the 23d day of June, 1885, to continue three days. It is clearly the duty of every member of the Association to be present at that meeting and assist in the important work in hand; and it is felt to be the duty of every physician, whether member or not, who believes in the practice of pure Homœopathy, and the preservation of the higher and better teachings of Hahnemann, to give the great cause the encouragement of his presence and voice, in pleading for the better way.

Serious troubles, and sometimes great calamities, are absolutely necessary, to enforce upon men an obedience to

moral and scientific truths –to call back the wandering to an allegience to principles, to arouse the lukewarm and doubting, to encourage those who are true but discouraged at the long delay in the fruition of their highest and noblest hopes, and to compel the unbelieving and scoffing, to halt in their course, and consider that *law* reigns supreme in every department of nature, and *must be obeyed*, or the direst consequences must follow.

The entire civilized world stands to-day facing, is almost in the presence of, a most terrible impending calamity (judging by past history), in the threatened visitation, within the next two or three years, to every city, town and hamlet of civilization, of the worst scourge of modern times, the true Asiatic Cholera. But what encouragement has the dominant school of medicine, or any of its imitators in part or in whole, to offer in the treatment of this scourge, or to sustain us in facing such an evil?

Look to Marseilles and Toulon for your answer! *Seventy per cent.* of all attacked with cholera in those cities last summer and fall speedily found their graves; to say nothing of many in the small percentage saved, who will inevitably date the beginning of serious chronic diseases to such attack, or to the suppressing treatment administered for it.

What hope, moreover, does the vaunted bacteria theory offer in this great emergency? Look again to Marseilles and Toulon for your answer. Koch, Pasteur and other great bacteria lights on the ground, and yet *seventy per cent.* of all attacked died; or *just the same* percentage in the death rate, as half a century ago, when the disease appeared for the first time in Europe, and *when all were utterly ignorant of it.*

Truly, here is a proper place to call a halt, and to take our bearings. Truly, here, the wanderer, the doubter, the discouraged, the scoffer, the unbeliever in the majesty of law, are all forced on to common ground, and are all com-

pelled to work together for the common defense. But what shall that defense be, what must it be to compass the greatest security.

Look now to the immortal Hahnemann, and to his equally immortal work. He it was, who, guided by *law* (not simply by a "rule of practice," for he had had no experience in the treatment of this disease upon which to formulate rules of practice), but *guided by law*, and without ever having seen a case of cholera, by prevision pointed out the true remedies, which, under ordinarily favorable conditions, have saved *ninety per cent*, often more, of all attacked; and under the *worst* conditions have never lost as high as thirty per cent.—or *saved* seventy per cent. or over, under the most adverse circumstances, instead of having *lost* that percentage, as has Allopathy under the best conditions. Where is the proof of all this is it asked?

Examine the official statistics of past epidemics, as well as those of last year, for Allopathy; and for Homœopathy see the statistics, also official, in Joslyn on Cholera, and elsewhere. For Homœopathy, look at the official report of Admiral Mordvinow, president of the Imperial Council of Russia, for the epidemic of 1831-1832. "Not a single death has occurred where Homœopathic treatment was resorted to in the incipient symptoms of the Cholera," and "all the patients cured by Homœopathia, regained, in a very short time, their former health and strength; while those who survived other treatments, were left in a state of weakness which lasted several months, and but too often terminated in another disease which proved fatal."

Look also at the report of Madam Lvoff, "of the government of Saratow," for Homœopathy: "Four hundred Cholera patients saved and restored to perfect health. * * * * * Fifty patients in our own village, and not *one* of them *died*. * * * * * All the sick who took medicine in strict conformity to the rules, were saved, although some of them were already in the state of collapse which

apparently precluded all hope. In this last stage there were not a few with their teeth clinched so fast that it was necessary to force them open for the purpose of introducing the medicine, and yet, on the very day following, they were relieved and convalescent." And these grand results be it understood, were not accomplished even by doctors, but by intelligent laymen, under the guidance of *law*.

Look at the three hundred and seventy-seven cases, *without a single death*, treated by one Homœopathic physician in a former epidemic in Naples, where, also, last year, seventy per cent. were lost under Allopathy. Look at the success of the venerable Rev. Dr. Weith of Vienna, 125 cases treated and but three deaths. Look at the results for Homœopathy, in the hands of the late Dr Pulte of Cincinnati, and of Dr. Benj. Ehrman, member of our society, in the treatment of the scourge in that city in 1849—1,116 cases of cholera treated with a loss of only three per cent., and 1,350 cases of cholerine treated and not a death. Is this not enough?

Diverging here to another most prominent so-called bacterial disease, viz., diphtheria, what do we find? Look this time to New York City—one of the great centers for medical wisdom for this country and even for the world—for your answer, and what is that? *Nearly two-thirds* of all reported cases of diphtheria that occurred in that city this last fall and early winter died! And yet it is here asserted, without fear of contradiction by the results of practice, that at least *ninety per cent.* of all cases of diphtheria can be saved by the purest practice of Homœopathy.

Ninety per cent. or more of all cases of cholera, ninety per cent. or more of all cases of diphtheria, *saved*, by pure homœopathic practice, under the law, as against fifty to seventy per cent. *lost* under all other methods of treatment, in violation of law. Here, surely, is something worth working for, worth combining for, worth praying for, yea, indeed, worth *fighting* for, if need be, for the redemption

of man from the thralldom of such terrible diseases.

But, it may be said, there are other societies with the same high purposes, and the same aims for the advancement of Homœopathy, then why establish another and rival society, to arouse contentions and weaken our forces? *Is this true?* Is it true that there is another society in all this wide world, excepting the Lippe Society of Philadelphia, and the Central New York Homœopathic Society at the home of which we are to meet, that is working at all to spread the pure practice of Homœopathy, and to enforce the principles of Hahnemann in their highest practical application? Is there another society where the clinical reports of cures wrought (which is *the only possible test* of the *curative* powers of medicine), yea, of brilliant cures wrought under the guidance of the best teachings of Hahnemann, are welcomed and properly treated? To these questions we may all find the correct answer in the certified and published "Proceedings" of those societies, and what is it? Much of those proceedings, sustained by the utterances of the majority of their members, *proves* that their increasing effort has been for years, and growing bolder in it every year, to induce a belief that we have no law to guide us, but only "a rule of practice" that may be violated at will; and to thereby drag down the high standard of Homœopathy from the lofty eminence where Hahnemann placed and left it; and all for what? Why, to secure "liberty of medical opinion and action" to adopt, in part at least, the ways and methods of, if not to force a ruinous affilliation with, that school of medical practice, which showed the best work it is capable of doing, in the stricken cities of France last year – in a death-rate of seventy per cent. where ten to fifteen per cent. should have been the extreme of losses. Do you want any more of that?

We may also look in another direction for an answer to our questions, and for proof of the baleful influence of those societies against the highest interests of Homœo-

pathy. Three-fourths, if not nine-tenths, or more, of all young physicians graduated during the last ten or fifteen years and sent out to practice Homœopathy, have no confidence whatever in the highest, purest and truest teachings of Hahnemann; and are often found apologizing for, or vigorously declaring their unbelief in them; sometimes, indeed, if not often, are found vying with their allopathic neighbors and friends in scoffing at and denouncing those teachings and all who believe in them. And why is all this? Not, certainly, because those teachings have been found misleading and inapplicable in practice, as the unexampled cholera satistics cited, and thousands of other proofs could be given to show. But it is because those young physicians have read the proceedings of the societies indicated; it is because they have heard the scoffings at such teachings, by many of the so-called leaders in those societies; and, for very shame be it said, because they have heard it often asserted, by those to whom they have looked for good counsel, that "Hahnemann was in his dotage," was "drunk with mysticism," etc., when he did the grandest work for man that man ever did, in his masterly work upon Chronic Diseases. What an outrage upon truth and decency; and this, too, where the highest and purest interests of humanity are at stake. Why, Hahnemann was nearly eighty years old when he pointed out the true remedies for cholera, that have already done so much for mankind, infinitely more than all his traducers ever have or ever will do. What a pity that those traducers could not have caught, in youth or middle age, a hundredth part of the "dotage" and "mysticism" that actuated him.

Can it be supposed for an instant, that the young physicians referred to are the best prepared, that they can be, to grapple with the impending scourge, when it does strike them? Is their possession of a hypodermic syringe, and their evident readiness to resort to opium, alcohol, quinine, germicides, *et seq.*, and *a la* old school, under the first

trying emergency, the best armamentarium that they can have with which to enter the fight? Let the sad story of last year in Europe, and the history of the triumphant success of Homœopathy in all past epidemics of the scourge give them their answer. These young physicians, and those who have brought them to the state of mind which they are in, together with the families of both, are just as liable to the scourge, will, perhaps, be more so, on account of greater exposure, than most others, and let them take warning in time. To just the extent that they trust in, or adopt, any portion of allopathy, to just that extent disaster and ruin await them.

True disciples of Hahnemann! A great duty is upon you. Are you equal to it? There has been a determined effort for fifteen or twenty years, by a large portion of those who claim to be of our school, to ruin our standing as a distinct school of medicine; and, whether intended, or not, to deprive suffering humanity of the high hopes and encouragement, which we can *honestly* and *justly* offer them, in the treatment of the worst human maladies.

It is yours now, with abundant official statistics to aid you, to stay and counteract this deliberate process of ruin. Will you do it? Let the frightful story of Southern Europe last year, and the sublime record of Homœopathy in the treatment of cholera in all past epidemics, be your incentives to ACTION.

ROLLIN R. GREGG, M. D., Pres.
J. B. GREGG CUSTIS, M. D., Sec.

SANITARY SCIENCE.

J. B. WOOD, M. D., West Chester, Penn.

Self preservation is the first law of nature, and sanitary science is a valuable adjunct in its application. This science commenced with the human race, and will end only, when mankind shall cease to exist. In the first place we find,

that without obedience to the laws of health, physical, moral and mental or intellectual culture is impossible. This truth impresses itself upon us by observation in every day life.

As before stated the laws of sanitary science, are not of modern origin. Its unerring rewards and penalties mark the history of the various nations of the earth. These laws embrace all humanity and are as applicable to-day as they ever were. Its aim a vigorous, healthful, and as a necessary consequence, a useful contented and happy life. Every influence of food and manner of living comes within its range, and good health gives life dignity, wealth and power, and the community a valuable citizen. This gives us an undisputed basis, that public health is public wealth, the handmaid of good government, pure habits and good morals.

Where proper hygienic measures are neglected the lowest depths of human degredation may be found. History tells us that in the middle of the sixteenth century the average duration of life in London, was found to be only twenty-five years. Its streets were imperfectly cleaned, without drainage and very narrow; the dwellings illy ventilated, without sewage, deficient in cleanliness which was neither encouraged nor enforced. When the plague visited the city, more than an average of eight thousand died annually for a period of twelve or fifteen years, or more than 100,000 persons fell victims to the disease. Now with its improved sanitation the average of human life is over thirty-seven years; and the death rate instead of being 50 to 1,000 as it was then is now only 25 to 1,000, showing the average increase of human life to be twelve years and the death rate only one-half of former years. Examples are not rare where towns have been built and its inhabitants visited annually by diseases of malarious origin, yet by proper drainage has been made as healthy as any place in the same latitude. Other towns have been built upon a healthy spot, and possess many natural advantages; yet by

a total disregard of sanitary laws become one of the unhealthiest to be found as shown by its annual death rate. You will therefore perceive that *sanitary science* becomes a part and parcel of our political economy; creating a riches far above any other wealth erecting factor, for political economists estimate the cost value of each life lost which ought to have been averted by sanitary means at from $800 to $1,000.

Public health is therefore public wealth; but do we estimate it rightly? Every case of sickness or loss of life which can be prevented is a tax upon the material interest of the common-wealth. Statistics furnish us the evidence that for every death that occurs thirteen persons will be found the ratio of the persons sick; these must be cared for at a much greater expense than that attending the support of those in health. These statistics also inform us, that at least one-third of the cases of death and disease are preventable by the proper use of sanitary laws; these laws of course entail upon the friends and relatives an expense they are illy able to bear, besides the affliction from sickness and death.

Every medical man knows, that all violations of natural laws, interfere with their almost never failing accompaniment—good health—and that the intemperate use of alcoholic stimulants, the smoking and chewing of tobacco, the use of opium or other narcotics, gourmandizing and other bad habits, have a tendency to debase the citizen and his progeny, physically, mentally and morally and interfere with good health and long life. A careful survey of the field before us shows that the connection between drunkenness, crime and its attendant poverty is too plain to need illustration here. Impairment of the mental powers, and many cases of insanity may justly be ascribed to the use of alcohol and tobacco. This no one can controvert.

Let us look at this subject in another aspect, and one that concerns us deeply, in view of the fact that cholera may visit this country during the coming year. When pes-

tilence comes the victims who have been transgressors of natural laws are the first to succumb to its influence—are the first to fall by the arrows of death—and the chances of recovery by the intemperate are infinitely less than those who have lived temperate lives. The fact that the man who transgresses natural laws may and does entail upon his progeny his mental and moral obliquities, demands our careful consideration, as statistics show that seven-tenths of all crimes arrise from the abuse of personal liberty. This renders it a subject which is of great concern to sanitarians. We shall therefore use every possible means to expose this tendency to the rising generation in order to check the growth of all vile practices. It should be our object as guardians of the public health to impress upon those who seek our advice the importance of abstaining from the use of alcoholic stimulants and the use of tobacco, and to impress upon them, that the diseases which afflict the human family are the result of transgression of natural laws. Children should be impressed that many of the diseases which most sorely afflict the human family are termed *filth diseases*; that small pox is easily prevented by vaccination; that diphtheria, fever, typhoid diseases, yellow fever and cholera, are preventable by cleanliness and correct habits; that there are farm houses and groups of houses in every community, in cities, towns, where filth so much abounds that sickness in some form is present at all seasons of the year; that filth not only affects the atmosphere in the immediate vicinity, but the neighborhood surrounding the deposit; that they may receive the infection from the water supply, as is the case of pleuro pneumonia amongst cattle, when it is known to have been communicated to neighboring herds by drinking from the rivulet below an effected herd.

These truths should be fixed upon the minds of children by early instruction from the best authority upon such subjects, and by suitable illustration, showing the relative positions of stable, barn-yard, duck-pond, pig-sty, etc., and ex-

plain to them how the water supply may be polluted by proximity to them; that decayed vegetation stored in the cellar may be a disease breeding cause; that milk may be contaminated by odors arising from such decomposed vegetables, and rendered unfit for use; that well ventilated sleeping apartments are of the highest utility for perfect health. They should also be taught how such sleeping apartments ought to be constructed in order to insure this great boon to humanity.

Before closing this paper, allow me to address one word to those assembled here. Our mission has been called a high and a holy one, and he who devises ways and means to prevent disease, is a great benefactor of the human race. When called to a case our first inquiry should be as to the surroundings of the patient. The disease producing cause should if possible be ascertained, and when ascertained removed without delay; and he who most speedily cures his patients and successfully treats disease, is after all the best sanitarian.

OVER-PRESSURE IN SCHOOLS.

The subject of over-pressure in schools is being seriously agitated in many European states. In England the discussion just now is related to the report of Dr. Crichton-Browne upon over-pressure in the Board schools of London. This gentleman was invited by Mr. Mundella to examine the schools from his stand-point as a medical expert, and report his observations and conclusions as to the effect of the system upon the health of the scholars. As eventually issued by the education department, the report is accompanied by a memorandum from the pen of Mr. F. G. Fitch (one of her Majesty's inspectors), who severely criticises Dr. Browne's method of investigation, his arguments and conclusions. The press has entered

upon the controversy with considerable ardor, so that over-pressure and Dr. Critchon-Browne are topics of the day.

The characteristic features of the English Board school system, the rigid arrangement of subjects and standards, the government inspection, the complicated scheme of examinations, and the payment by results, are unlike anything that is known or that would be tolerated in America; nevertheless the two systems have certain tendencies in common. In both, the animating impulse of the schools is derived largely from the standard by which the results are periodically estimated, which standard is an *a priori* conception of the powers and capacities of the young. This is not the only, and possibly not the best, means of estimating a process of growth; but it is the only one encouraged under the English code, and the only one that is likely to be employed among us, so long as the majority of parents demand, not that their children shall grow, but that they shall overtake some one else's children in the race.

Wherever an artificial stimulus is employed, there will be over-pressure to a greater or less extent; and it is this fact which Dr. Crichton-Browne has brought out most effectively. The backward children whom he judges to be incapable of accomplishing an ordinary year's work without undue strain, include the dull, the delicate and the half-starved. In this country the last-named class are virtually outside the operation of the influences that produce over-pressure; but of dull and delicate children we have a full quota, and it is well for parents to consider the risk that attends the endeavor to force such to keep pace with those whom "God has made full-limbed and tall."

It is difficult to establish the relation between educational processes and vital statistics; but there is reason to infer the connection, whenever, as Dr. Browne expresses it, "diseases due to nervous conditions, identical with those that educational over-pressure sets up," are on the increase. That this is the case in England is shown, Dr. Browne

believes, by the statistics of mortality from hydrocephalus, cephalitis, diabetes, and kindred diseases. Nor does he stop here. "We have signs," he says, "which can scarcely be misinterpreted, of the tendency of education when not safe guarded by physiological discretion, to overthrow mental equilibrium. Suicide, which is the crowning symptom of one type of insanity, has been spreading portentously during the hundred years. A startling revival of it has occurred all over Europe; and the rate of suicide calculated on the entire population seems to have quintupled in the last century. It is," he says further, "an indisputable fact, that the revival of suicide in almost every country of Europe has coincided in time with the modern extension of education, and that suicides are now most numerous in the regions where education is most widely diffused. The number of children under sixteen years of age in the list of suicides, although still comparatively small, is swelling annually; and the age at which the maximum number of suicides occurs in England has receded considerably in the last half-century, showing that the disposition to self-destruction arises now earlier in life than it was wont to do in former times."

Dr. Browne's personal investigation in the schools were directed to ascertaining the extent of headache, sleeplessness, neuralgia, etc., among school-children. It is sufficient to note the line of inquiry, without going into the tabulated results, more especially as the author admits that they are merely tenative.

Attention has already been drawn in the pages of *Science* to the action taken by several German states with reference to overwork in the Gymnasien and Realschulen. More recently, in accordance with the command of the Prussian minister of instruction, a report on the subject has been prepared by the "Royal scientific commission on medical affairs," including Professors Virchow and Hofmann and ten other members of almost equal note. The

commissioners go into a detailed discussion of the observations submitted to them by the government, touching suicide and insanity among scholars, headache, bleeding at the nose, congestion of the brain, and general physical and mental weakness. In view of all the information attainable they state "that the requisite data are wanting for a scientific estimate of the extent of over-pressure among the pupils in higher schools;" and they express the opinion, that, for the collection of such data, "the co-operation of competent medical men is indispensable." They do not however, overlook the fact that there are many essential points involved in the inquiry, of which the teachers alone are the proper judges. The commissioners especially insist that teachers must not measure the strength of their scholars all by the same standard.

The agitation of the subject is not confined to England and Germany. Information reaches us that the minister of public instruction in France has reduced the hours of study in secondary schools. In Switzerland, where the evidences of over-pressure are startling, the cantonal governments are considering the best means of counteracting the evil. At the recent international medical congress, Copenhagen, Dr. Kjellberg, of Upsala, made a profound impression by his statements concerning the effect of study upon the health of children. The symptoms of excessive brain-work on the part of the young which he had noticed were headache, sleeplessness, intellectual torpor, muscular weakness, and spasm, culminating in hallucination, and often in sudden loss of consciousness.

Little or no effort has been made in the United States to collect data bearing upon the subject, but there is reason for supposing that over-pressure is not so common here as in countries where education is more highly developed. It would, however, be well for us to take warning in time, and seek to forestall such effects as those described by the various experts who have investigated the matter in Europe. We

should be particularly cautious about advocating European systems of education before we have ascertained the irultimate effects.—*Science*, November, 1884.

SOME SYMPTOMS ARE REFLECTED FROM A DISEASED RECTUM.

LUTHER J. INGERSOLL, M. D., Denver, Col.

It is perfectly clear to all physicians that many diseased organs *do* reflect painful symptoms to parts more or less remote; but to all it is not so clear that the diseased rectum is thus *guilty*. The upper two-thirds of the rectum not being abundantly supplied with nerves, (a wise neglect) is capable of great dilatation without pain. The very opposite is true of the lower third (here a wise thoughtfulness). The rectal sphincters, like all sphincters, are abundantly provided with sensitive and motor nerves, which enables them to firmly and persistently close the external portal of the rectum, and yet respond to the first call of nature, and without pain yield to such advancing substances as cannot be used for the growth or maintainance of the body, and thus allow their exit. In health all goes on well and comfortably, but when diseased the extreme sensitiveness, the ratlike knawing, the dull heavy aching, the throbbing and acute pain of this first inch and a half of the rectum, many of us have experienced.

Apply strong caustic to a diseased or healthy surface of the rectum three inches above the anal orifice and there is only a heat in the intestines which even the patient cannot exactly locate; do this to a like surface over the sphincters and he will readily locate the point touched by heat, pain, and strong contractions. If then any symptoms are reflected from the rectum it must be from this lower portion, where an abundance of nerves are found. To detect reflected symptoms the nature and distribution of the nerves must

first be well understood. As the two branches of the sympathetic nerve pass down from the base of the brain, parallel to and very near the vertebral column, it connects with many ganglia (29 pairs) which like beads upon a string, are separated an inch or two, and from these as distinct centers, small nerve filaments reach out to and accompany the arteries. Filaments from these ganglia also supply every important organ and viscera of the thorax, abdominal and pelvic cavities, as heart, stomach, liver, spleen, pancreas, diaphragm, mesentery; all the organs of digestion and assimilation, kidneys, uterus, ovaries, vagina, rectum, bladder, and penis. These are *the* organs of life and reproduction, and through this monitor, this sentinel nerve, all are linked to the brain.

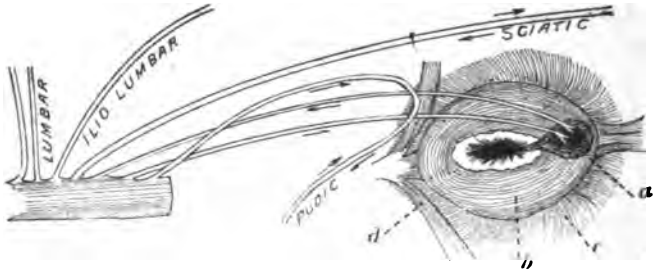
As physicians our services are continually sought for those organs and parts supplied by the sympathetic nerve, while for other portions of the body we are only occasionally consulted, except in accidents. To be specific: The hypogastric portion of the sympathetic nerve lies in front of and close upon the promontory of the sacrum. It contains no ganglia, but passing downward it becomes, with a few filaments added from the sacral plexus, the inferior hypogastric, which supplies the bladder and rectum in man, the bladder, rectum and vagina in woman. From different points of this pelvic plexus, fibers pass to the spermatic cord, to the erectile tissue of the penis, to the mucous membrane and walls of the vagina, to the cervix and lower portion of the uterus, and accompanying the uterine arteries penetrate the body and substance of the uterus itself. Now, with this hasty review of the distribution of the sympathetic nerve in mind and remembering the nature of that nerve as expressed by its name, how easy to see that an ulcer of any kind, hæmorrhoid, polypus or fissure, upon or close to the rectal sphincter, continually fretted and aggravated by recurring stools or other causes, irritates this most susceptible nerve in the body, and through it communicates

the sense of pain or weakness to any or even to all the parts joined by its ramifications. Hæmorrhoids have often produced palpitation of the heart, as proved by the fact that when these were cured, the palpitation ceased without other treatment.

In 1883 a refined gentleman of wealth came to my office in great distress seeking relief from a most painful urinary trouble. He was compelled to rise each night from three to seven times to urinate and each act was followed by intense pain, so great as to prevent sleep for some time. This had been going on for about three years. He was emaciated, irritable, and thoroughly out of heart. The urine being normal and the only constant symptom of disease being the pain and spasm at what he called the "neck of the bladder," a rectal trouble was suspected. An examination revealed a very large ulcer upon the posterior wall, reaching down almost to the internal sphincter. There were two deep, angry clefts, with a cocks-comb elevation between, all of which extended over the sphincter, growing more shallow and less inflamed as they approached the orifice. On touching this portion over and near to the sphincter, the old pain and spasm of the bladder were set up. Under local treatment alone he made a good recovery. As he progressed he often referred to the happy change in his feelings; that a weight was lifted from his brain, that every part of his body felt the approach of spring. He is no longer melancholy or morose but cheerful and an excellent sleeper.

Beside these sympathetic nerves, filaments from the anterior and posterior sacral nerves find their way to the sphincters, by which the lower portion of the rectum is brought into direct communication with the Spinal Cord at the sacral plexus. The following cut from Hilton illustrates what I am trying to say and is therefore introduced. You see a round ring which represents the sphincter of the rectum. The dark patch is an ulcer located upon the sphincter. Two nerves are seen to enter the ulcer and follow the fibers

of that muscle around the rectum, one a nerve of sensation the other of motion. Now, a stool in passing through the sphincter can but irritate an ulcer so located. That irrita-



tion is carried along the sensor nerve to the spinal cord, thence an impression or motor power through the motor branch is conveyed back to the sphincter the point of original disturbance, hence the great pain, weakness, or languor, so often felt by ulcer patients, not alone in the lower parts of the rectum, where the ulcer is located, but in the "cupling" of the back "just at the top of the hips." Many times they are treated for rheumatism or lumbago—belts, plasters, and linaments are used—but as these pains are usually transient, depending much upon the general health and condition of the bowels, these "claptraps" and "do some things" get great credit for cures they never produced.

By looking further at the illustration you see that the two nerves which communicate with the ulcer, arise from the spinal cord in very close proximity to the lumbar, iliolumbar, sciatic and pudic nerves. These important nerves have a very wide distribution. A diseased rectum must, from the very sensitive nature of the nerves to transmit impressions, send its irritations to the cord and to its membranes, where these filaments leave the main trunk, and through them speak by pain and every symptom of distress wherever those nerves form connections, as the loins,

back, hips, thighs, knees and legs, bladder. urethra, uterus, broad ligaments, ovaries, vagina and penis. And all this is done. In no other way can these more or less fugitive yet serious ailments complained of by our suffering patients be explained. A diseased rectum may produce untimely erections and nocturnal emissions in man, an excited clitoris and nymphomania in woman, while from it all the symptoms of a urinary disease may arise in either sex.

An ulcer long impacted often produces, not only backache, deranged digestion, melancholy, and a gloomy dread of the future, but by its pressure upon the sacral nerves and by a distention of the rectum preventing normal circulation, gives to the lower extremities supplied by the great sciatic nerve all the symptoms of impending paralysis.

CASE.—About two years since, a lady whom years before I had treated for various ailments, but had not cured, came under treatment for a rectal ulcer, situated near the internal sphincter, of the cavernous kind, that is an ulcer with a small opening but deep and large below the membranes of the bowels. The introdution of the speculum was not painful but on using the probe to cleanse and to dress the ulcer sudden and sharp pains were set up in the back, uterus, bladder, especially along the urethra, in the left arm near the shoulder, in the forehead, down the thighs and limbs to the foot. These last were cramping in character, which soon merged into a partially paralyzed sensation. She had many other well-marked symptoms set up by the probe irritating the denuded nerves in or about the sphincter. A difficult stool did the same thing as the probe. By treating the ulcer alone all these symptoms have been wholly removed. This ladies' father and mother were both paralyzed in the lower extremities for years before their death, and without doubt the death of both was from rectal ulcer.

(To be Continued.)

CLINICAL.

CASES FROM PRACTICE.

BY DR. KUNKEL, Kiel, Germany.*

CASE I.—*Arsenicum alb.* Mrs. H—, 57 years old, has suffered a long time from tearing pains in the left side of the head, often lasting through the entire night.

May 9, 1877, she consulted me on account of asthma from which she had suffered for three years. Since the appearance of the asthma the tearing pains in the head had not appeared. The asthmatic attacks appear particularly after sleep, either during the night, after midnight, or in the morning. Expectoration of an indifferent slime brings relief. Not till such expectoration does the tormenting cough abate. She must always lie with her head elevated during the paroxysm. Aggravation from east (dry) wind. Sultry air always chokes her up. Anguish during the attack. Thirst, drinks often but little at a time. The choice of the medicine was not difficult (although *Arsenic* does not have aggravation from warm air; perhaps she has confounded the warm east wind of summer with the warmth of summer). I ordered *Arsenic*^{10}, every fifth evening a dose.

June 8. Essential improvement. I ordered *Arsenic*^{10}, a dose every seventh to tenth evening.

June 18, 1878. She has been well and free from asthma; now the above mentioned symptoms again appear. *Arsenic*^{10}, with the same favorable result.

December 23. Another form of disease; vertigo particularly in the room, less in the open air. Occasionally as if mist was before the eyes, lying on the left side is intolerable, palpitation, night sweats (during sleep), sleepiness

*Translated from *Das. Allg. Hom. Zeitung* by A. McNeil, M. D., San Francisco.

in the day-time. Other functions are normal. Prescribed *Phosphorus*[6], six doses, one every fifth evening, with immediate result. But on September 8, 1879, another morbid manifestation, viz., herpes zoster on the right side of the chest. No difficulty of respiration, but the above mentioned manifestation, aggravation of the burning pain after midnight, must lie with the head high, thirst, etc. *Arsenic*[6], twice daily, soon removed the zoster. But, on September 10 the dyspnœa raturned but not very violent, an attack of cough only every third day, the dyspnœa particularly in the morning after sleep. Prescribed *Arsenic*[3], morning and evening, one drop in water. This acted as hitherto, how long I cannot say as I have not heard in the latter years from her.

We have in this case right-sided headache, asthma, and herpes zoster, yet undoubtedly as different expressions of one and the same fundamental mordid condition. These different symptoms occur in different rubrics of special pathology. The action of the medicaments, although modified by the individuality, rests on unalterable law. Can we be in doubt a moment where we must seek the foundation of our treatment at the bed-side? Special pathology is nothing but the expression of an artificial system, which on account of its artificialness, separates what belongs together and unites that which is distinct. Our (homœopathic) special pathologists are therefore compelled to take their indications for the choice of the remedies from the concomitants, *i. e.*, to reject special pathology as the foundation of therapeutics. For we must not accept the expression "concomitant" too literally when we discriminate in some cases between principal symptoms and concomitant ones All the symptoms, as far as we cannot trace their dependance from the same cause (and this is by far the most frequent) are for us of equal value.

The above mentioned alternation of morbid phenomena in one and the same individual, while their relation to a defin-

ite remedy remains unchanged and which cures them, is a phenomenon which we will meet daily if we take the pains to observe our cases as long as possible. Nevertheless, we cannot do without special pathology. The beginner is unable to find his latitude and longitude (sich orientiren) in the sea of symptoms without it. "One can not become a Homœopath as he turns a stocking inside out," as Hering says. But the beginner must not forget that special pathology cannot accomplish the purpose; he must often consult the Materia Medica. He will thereby gradually and imperceptibly be led into other pathological views and in place of the present artificial system of pathology (based on an anatomical basis of disease) he will learn a natural one based on the vital activity of the organism.

COLIC.

CASE II.—I was asked yesterday morning to visit Miss N—, 23 years old, who was suffering from violent colic. I had previously prescribed *Ferrum met.* for her diarrhœa accompanied by abdominal pain. I believed from the report that it was a case of cholerine which had long been epidemic and for which *Ferrum* was the epidemic remedy.

Before I entered the house I heard the patient screaming. I now learned the following: She had been awakened the night before by the pain. She took castor oil which had operated, but it had not lessened the pain but rather increased it. It had become worse from hour to hour until I was called. She complained of violent burning, tearing pains in the abdomen, stomach and thence into the chest, which were drawing and at times accompanied by oppression. The remissions were slight, never being free from pain. External warmth only slightly ameliorated. She described the pain as intolerable and writhed from the agony. There first accompanied these pains spasms beginning in the fingers and afterwards unpleasant drawing in the forearms and hands. These symptoms had on my

arrival gone to the legs and feet, leaving the hands and arms quiet and free. No change in the pupils or face. Pulse 100.

I gave her two pellets of *Cuprum*[10], on her tongue. The first improvement, which occurred after about two minutes, the spasms and drawing left the feet and again appeared in the arms and hands. I informed the anxious father that this change was favorable. After five or six minutes more the violent pains disappeared and there only remained a slight burning. This morning this had nearly ceased and her father had given a solution of the *Cuprum* but without result. This afternoon I again saw her. The slight burning pains had changed their seat. The anamnesis revealing undoubted indications for *Sepia* which I gave.

CHANCROIDS.

CASE III.—Mr. N—, a teacher consulted me April 17, 1875. He had pneumonia once, otherwise never sick. His present trouble is several chancres on the prepuce and on its fold a row of wart-like elevations (I can not classify them as the pointed cockscomb-like condylomata) which touched each other, bled easily and secreted considerable pus. A couple of days after the infecting coitus he perceived here and there red points on the places on which the chancres afterwards arose. These chancres on investigation are to be classed as soft. What surprises the patient is the easy bleeding of the gums which he never had before. For two days he has felt pains in the throat on swallowing food. The pharynx is dark-red. The patient used without benefit corrosive sublimate internally and black-wash externally.

I gave him four pellets *Nitric Acid*[0] dissolved in a small cup of water; all of this solution to be taken in three days.

April 25. The patient has perceived no more pains in his throat, no more warty excrescences have appeared, and their bleeding almost entirely ceased. *Sac. lac.*

May 26. He reports that all the ulcers but one have been healed for three weeks, but it is becoming larger. The bleeding of the gums has returned. *Nitric acid*[15] four doses, one powder every ten days.

June 20. He writes that he is fully cured. Cleanliness was the only external application.

I may be permitted to say to the beginner that the discharge of dark blood from the different parts of the body is for this (as well as *Crocus*, *Pulsatilla*, *Sepia*, etc.,) an imperative indication for *Nitric acid*.

CASE IV.—In 1875, I treated a carbuncle that had the peculiarity that it continually oozed dark blood. *Nitric acid*[6] cured it rapidly.

CORRESPONDENCE.

OUR BOSTON LETTER.

HOTEL VENDOME, BOSTON, April, 1885.

Well, our life in Boston has run in the usual quiet channels since my last letter, extraordinary events or experiences being rare and sombre-hued in such a dull and inclement season. Our profession has been called upon to wrestle with more than the usual number of cases of sickness, the majority due to the severity and changeableness of the weather, which has in this respect been more noticeable than other winter-ends or early springs.

While the community, generally, is excited by national politics and foreign quarrels, threatening terrible wars between the greatest nations of the old world, our Boston Medical Society managed to devote a measure of attention to professional matters, holding the usual meeting on the 12th ultimo, which I must describe as less interesting than its predecessor. Prominent among the topics brought forward for discussion was that of Mind-Cure, which had not been exhausted at the previous meeting. A carefully

written paper was read by Dr. Emerson, exhibiting thought and research—in fact it was one of the best I have heard before the Society, though it cast no new light on the question. The author undoubtedly believes that only neurotic subjects can be benefitted by mind-influences, and scouts the idea of any organic or structural changes in the system being procured by such a process.

There seemed at first some hesitancy as to whom would open the discussion. Dr. H. C. Clapp valorously came to the fore. He mentioned a characteristic case where mind-influence wrought an immediate cure, but upon the patient's relapse, subsequently, the same treatment signally failed, showing that a person may be differently affected according to the conditions of the system at the time. The discussion which now followed was spiritless and uninstructive, only the old orthodox, thread-bare notions being expressed, instead of new facts or suggested opinions. Indeed it speedily degenerated into commonplace reflections and the relation of experiences not deserving of any particular notice. We heard of cures worked or supposed to have been worked by the imagination, and described in a style both lame and dull. Certainly a little of that imagination, vivacity or mental vigor required by "mind-cureists" in their healing feats, would have been very useful on this occasion. Of course the failure here may have been due to over-expenditure of mental resources on the part of the members in the more important operation of curing their patients, and if so we should accept without murmur the weakness of the rhetoric or word-painting. And yet success is well-nigh impossible without a combination of tongue-power and mental force in this supreme age. Perhaps modesty is accountable for the short-comings of the evening; whatever be the explanation the advocates of the new theory could hardly have heard anything that would have shaken their faith.

Some merriment was, however, excited by stories and

experiments related, which could not fail to amuse, if they did to convert. Dr. Talbot's anecdote was good, but unfortunately too long for your space. Dr. Sherman, in a spirit characteristic of the age, went so far as to say that in the vast majority of cases of "cure," the imagination, or personal influence of the physician had more to do with them than the medicines prescribed. He was convinced, for instance, that the successful results claimed by a certain high dilutionist of this city were entirely due to the magnetism of the man. But Dr. Sherman did not handle the other side of the question, and analyze that influence after cases of notorious failure; not treating of the effect of such reports in cases where the doctor, later, succeeded, or asserting any obstructive effects from such real or reported failures. Will the right medicines and regimen fail or prove less potent because the dispenser and counsellor has missed success in certain previous cases? Or must a successful physician find, whether poorly educated or not, or of mean general ability, his best equipment and remedies in an impressive manner or prominent development of some of the faculties? Certain features of the face are said to indicate a forcible character, and persons so furnished may hereafter be preferred for the medical profession. Powerful piercing eyes and commanding forehead would be important additions, as well as the knack of "putting on airs" of the imposing and terrorizing sort. There is often money in big looks and grandious manners!

But to return to our *moutons*, Dr. Krebs who is nothing if not a believer in the greatest efficacy of medicine, and whose self-confidence no one doubts, looked upon all afflicted with the new craze as agents of the evil one, or "greater dupes than the most ignorant of their victims." He has the self-assertion and vigor useful to a new school advocate, but it takes the side of conversatism. I could not help thinking, however, that the "mind-cure" folk could retort in a vigorous *tu quoque*, on the score of positiveness,

as regards his unbounded confidence in medicine, the high potencies especially.

Dr. Philipps made some sensible remarks from his standpoint, narrating an instance of dishonesty that he had detected in one of the new school, who had claimed a cure where none was performed.

Dr. Packard, the president, desired to record the fact that he was a believer in mind-influences, and to emphasize his conviction that the imagination was the factor in many a cure, he related a case in which Dr. Talbot was the physician. He forgot, it seems, to leave the medicine decided upon in the tumbler of water provided, only remembering the omission on his return home that evening. Dr. Talbot then promptly proceeded to the patient's house, when he was greeted, and no doubt surprised, with the remark that the first dose had relieved the sufferer, who had steadily improved since. Doubtless it would be as well that some of the doctor's patients should hear this anecdote, which would, while affecting his reputation for memory, excite comparisons highly complimentary to cold water at the expense of his medicine.

Such mind-cures, I am sure, have often been made, the physicians, however, having no mind in the matter. Negligence of this kind is sometimes better than elaborate care on the part of certain members of our faculty. But does this cure resemble the average of the mind-cures as regards the smallness of the practitioner's share in the event? The incredulous of the other schools may be inclined to say yes, with some show of reason. I still hold to the opinion that if the imagination can afford any assistance in a case it should not be despised ; but I should be sorry to depend upon it mainly, either in the case of patient's or doctor's efforts, or of both combined.

Like others at the meeting, I was disappointed with Dr. Talbot's report of "An Ovariotomy." We expected details of the different steps in the operation, so as to benefit by

his experience. The outlines of the case, such as the age of the patient, the size of the tumor, weighing 65 lbs, her sufferings, weakness during the operation, which necessitated several times suspending the administration of ether, the numerous adhesions found and her ultimate recovery, were all given. But he did not state what kind of ligatures were used, how he treated the pedicle—if he adopted the "intra-uterine disposal" of it or not—whether he used drainage, and if the operation was performed under spray. He omitted in fact, the most important details which vary in the hands of different practitioners, and respecting which it is so valuable to have data for future guidance. The treatment of the pedicle differs with different operators; some use drainage tubes, others condemn them; many object to the use of spray during the operation, others prefer it, while most adopt Listerian precautions in the subsequent treatment of the abdominal wound; Lawson, Tait, and others lay great stress upon the importance of making the abdominal incision as small as possible, but Sir Spencer Wells and his followers prefer one of fair size; and another detail of some consequence is the purification of the sponges used to cleanse out abdominal cavity. Success in this operation greatly depends upon careful attention to these several details; and it was therefore important that they should have been given us. It is only by the aid of the experience of others, that the youthful surgeon can hope to equal or excel his older professional brethren. Their successes or failures afford much instruction and prove highly suggestive to the intelligent and thoughtful. It is true the doctor explained he had not specially prepared himself to deal with this case and subject, although billed on the monthly bulletin of the society for the previous month and last, to relate this case, when he might have time sufficient. But before dropping this subject I must say, that as the danger in cases of ovariotomy is in proportion to the size of the tumor and number of adhesions,

the doctor may be congratulated on his success, for without skillful care his patient would hardly have recovered.

Later in the evening Dr. Talbot again addressed the meeting. In becoming language and expressive manner he dwelt upon the curse of quackery in our midst, and on the vile trade of the abortionist. He regarded it as the duty of the Society to raise its voice against such a disgraceful condition of things, proposing resolutions to this effect, with a special prayer to the State Legislature for the suppression of these hurtful evils, and especially of their authors. He sympathized with and supported the *Massachusetts Medical Society*, which was endeavoring to obtain such legislation ; but had reason to believe it would fail, in consequence of the Legislature looking with suspicion upon all action emanating therefrom, many recalling the persecution of homœopaths by this same Society.

The resolutions, which were carried unanimously, requested the Legislature to appoint a commission composed of three physicians, one from each representative Society—Allopathic, Homœopathic, and Eclectic—three lawyers and and three laymen, to draft a bill embodying most of the clauses contained in that of the *Massachusetts Medical Society*, also such other clauses as may be deemed in the interests of the people and profession.

There can be no doubt that such legislation is sorely needed, and that it could originate with no more appropriate body. The evils demonstrated are not only wide-spread in these Eastern States, but constantly growing, becoming more nauseous and deleterious to the health and morals of our people with every passing year. Their effectual check, and, if possible, early and complete suppression, are among the most crying needs of the time.

P. BENDER, M. D.

"THAT SULPHUR CASE."

Editor Medical Advance:

In your Feb. issue I have made a discovery. See page 432. A. F. Randall, M. D., Almont, Mich., has also made a discovery. His discovery is that his repertory is incomplete; mine is that "us laggards" have taken me for a teacher. Dr. R. states positively that salty morning expectoration is not to be found under but three remedies: Phosphorus, Phosphosric acid and Pulsatilla.

Lee's new cough repertory gives Acon., Alum., Amb., Amm. c., Angust., Ant. t., Ars., Bar. c., Bell., Calc., Carbo v., Dros., Hyos., Lach., Lyc., Mag. c., Mag. m., Mez., Nat. c., Nat. m., Nit. ac., Phos., Puls., Rhus., Sep., Silic., Stann., Staph., Sulph., Sulph. ac., Verat.

The "Index" gives Phos. ac., from symptom 487 of the Encyclopedia which was proven in the 12th (Schelling) not in "Hering's condensed;" perhaps not thought worthy of mention, as this is the only symptom mentioned—the only prover.

Aversion to Men, "Though why is not clear" says Dr. R. Suppose the aversion had been to coffee, an explanation as to *why*, would have been, I suppose, a most satisfactory one and of great value?

The reason why she had an aversion to men I do not know, I only know that the symptom was there. This symptom is especially related to Nat. m., Lyc., Puls., Sulph., none of which will the Dr. find in the repertories, but if he comes at me in the proper manner I shall not be slow in telling him where he may find these things. Again, Dr. R. thinks he has me when he quotes the following: "The most peculiar symptom is the erotomania coupled with the peculiar selfishness and jealousy." I expressly acknowledged my weakness by stating that the remedies most peculiar to the sexual excitement have none of the other symptoms, but the selfishness which seemed a strong symptom claimed my at-

tention, and if the good Doctor does not know that the Sulphur mind possesses the highest degree of selfishness then he has not closely studied the remedy.

The word "peculiar" was hardly referred to in the sense of being the guiding symptom to the remedy, but was certainly a guiding feature if the remedy could be found having that state with all the rest of the symptoms. Such a remedy was not known to me. Perhaps Dr. R. knows of such an one.

The Doctor requires proof that this was a "neglected" pneumonia. To say that the case was treated Allopathically and the fact that she had not recovered doubtless would be no evidence of neglect, to my critics mind, especially as the lady has remained in excellent health since the report, so I shall not accommodate him.

The rubric *burning feet*, ameliorated by putting them out of bed is as astonishing as any statement he has made. I did not suppose that in talking to such erudite men as my critic I should need to say that Sulphur is most important of the *rubric*. He only knows of Chamomilla and Sulphur, possibly Lilium that have this burning of the feet which compels her to put them out of bed. This is remarkable for a critic of such robust pretentions. Well he may say, "us laggards."

Burning of the feet in the *evening*, Calc. c., Sang., *Sulph.*, *In bed*, Calc. c., Hep., Merc. sol., Stront., *Sulph.* *At night*, Sepia, Sil. Ars. *About the ankles* evening and night, *Puls.*

From the "Index," HEAVINESS OF AND BURNING IN THE FEET [3180] Allen's Encyclopedia.

Burning feet: (Lippe) Amm. c., Ars., Berb., Borax., Calc., Cham., Cocc., Dulc., *Graph.*, *Hep.*, Kali. c., Led., Lyc., *Nat.m.*, Phos., *Phos. ac.*, Scill., Secale., *Sep.*, Sil., Stann., Zinc.

Burning instep, Puls.; many more remedies according to Lippe have burning soles: Ambr., Anac., Ars., Berb., Calc., Canth., Carbo. v., Cham., Croc., Crotal., Cupr., Eupat., Graph., Kali. c., Kreos., Lach., Lyc., Magn. m., Mang., Mur.

ac., Nit. ac., Nat.m., Nux., Petrol, Phos. ac., Puls., Sang., Scill., Sil., Sulph., Tabac. I have added many others to this *rubric*, especially Apis. and Lilium. tig. I would like to ask my critic to show on what pathogenetic reasons by authority that any remedy causes one to put the feet out of bed to cool the burning? He assumes that Cham. and Sulph. have this state, but if he has more than a clinical showing under *Chamomilla.*, I want to know it.

Symp. 332. HAHN. MAT. MED. PURA. In the night the soles of the feet burn and he puts them out of bed. Copied into SYMPTOMEN CODEX, and also HERING'S CONDENSED.

Allen, Hahnemann, Hering, and the authorities generally refer to Sulphur as having burning of the soles. I want to know what more reason my critic has for naming Cham. and Sulph. than any others in the *rubric.* Is it because most physicians are in the habit of giving Sulphur for burning soles and vertex? Some of the remedies in the *rubric* have burning while walking, some other conditions, but Calc., Cham., Hep., Kali., Lyc., Graph., Stront., Puls., Phos., Sepia., Sil., Sulph., have burning so sharply that a cool sheet or the cool air feels comfortable. Does my critic mean to say that if the feet burn one will not seek relief by putting them out of bed? To arrive at this symptom, burning of feet or soles in the evening, at night, in the night or in the bed are all consulted, but the laggards never find this out until told. The attempt at *irony* in the "*moral*" is lost when the critic attempts to hide some paltry joke or other. My critic is not instructing "laggards" in his ponderous efforts, and before attempting to instruct he should first of all build a repertory of his own and he will be surprised at the discoveries.

My critic has not attempted to prove that any other remedy than Sulphur would have cured my case. He cannot claim that the case is not cured as she walks the streets of St. Louis a picture of health. What has he demonstrated? Simply his own lack of industry in searching the Materia

Medica. I trust the Doctor will be pleased to "come again" if his ambition is not long since exhausted. This kind of open criticism does us all good, and I, Mr. Editor, feel complimented by Dr. R's. sharp attention.

J. T. KENT, St. Louis.

Editor Medical Advance.

Your correspondent Dr. A. F. Randall is terribly mistaken when he considers Nymphomania the equivalent of Erotomania. The former finds its origin in some trouble of the sexual organs; the latter is a mental affection. Thus Blandford in his work: *Insanity, and its Treatment*, page 189, says: "Erotomania is a form of disordered intellect, accompanied by delusions. I have known girls conceive an insane love, not for men, but for other girls, and fancy themselves influenced by them and in their power. A class distinguished by intellectual disturbance in which love is the chief feature, is not really separable on this account from forms of insanity where there is disorder of intellect, with or without delusion."

In my lectures I consider some cases of religious mania as Erotomania; there is a yearning and a love for the heavenly bridegroom, for the mother of God or some holy patron, a genuine platonic love, which may not possess the least trace of sensuality, though in some cases it may find its origin in uterine affection. Only this is sure, it has nothing whatever to do with Nymphomania, where the intellect is hardly ever affected.

Now Sulphur is one of our chief remedies in delusional acute dementia and we will not go amiss by beginning treatment with this anti-psoric polychrest. It has been clinically demonstrated, and in religious mania, it is the compeer of Pulsatilla with its hope in prayer, and in relation to hypersthenia it stands comparison with Hyoscyamus and Lachesis. Constantine Hering's "Symptoms of the Mind" must be our guiding work in the selection of *the*

remedy in relation to insanity, and here Dr. Randall will find out that Prof. Kent was not far off the mark in the selection of the remedy.

S. LILIENTHAL, M. D.

A PRACTICAL JOKE.

We trust we may be pardoned for making a quotation from a private letter, but the joke is too good to keep.—ED.

* * * * "Soon after reaching home after graduation, a hard case was sent to me 'as a joke.' The man was a deaf mute, and to all human appearance a most pitiable and hopeless case. A growth or tumor on the neck the size of a cocoanut, which for nineteen years had baffled the skill of many eminent physicians and surgeons. But, thanks to your patient, persistent and thorough drilling, I saw equally indicated Dr. Allen and his characteristics of Arsenicum, and with as little faith as the perpetrators of the joke I gave him *Arsenicum*^{30}. In a few weeks his symptoms and entire appearance had changed, and I followed it with *Hepar*^{200}; and to-day, I am happy to say, the man is well and hearty, does his day's work, is earning his daily bread, and the growth on the neck has entirely disappeared. The man is 'known the country round,' has been a splendid advertisement, serving to bring me too many tough cases. I appreciated that joke just $67 worth."

J. KATE LAUB, Denison, Iowa.

"AN OBSCURE CASE."

Editor Medical Advance:

I was much pleased with Dr. Dowling's "Obscure Case" in December number of ADVANCE. As a specimen of differential diagnosis it is rarely equalled. From it we may learn that most essential part of a physician's duty, so strongly insisted upon by Hahnemann and Dunham—how

to "take a case." When this is properly done, the most difficult part of our duty is accomplished. It is, or ought to be comparatively an easy matter to make an accurate prescription, when once we have the facts. But, while I cannot too highly praise Dr. Dowling's diagnosis, I think he over-looked a most important factor in selecting his remedy, viz. "Scabies which he had with all the boys in the neighborhood at the age of twelve. This lasted for one year and was finally cured with local applications." If there be anything in the theory of suppressed eruptions, or psora, as a cause of chronic disease, here certainly is a fine specimen for the exhibition of Sulphur as a preliminary to the successful constitutional treatment of the case, and Dr. Dowling does not mention it. Then again, I should think of Lycopodium, not Arsenic as his chief remedy. Here is "a deep-seated, progressive chronic disease," "emaciation, especially of upper part of body, lower part dropsical," his "gastric affections" and "jaundice,"—for Lycopodium vies with Iodium in obstinate jaundice—as well as the "severe attack of bronchitis" following his reduction of flesh. Lycopodium although not often called for in the beginning of such a chronic case, would follow Sulphur well. This is not intended as a criticism, but merely to call attention to what I consider an omission in treatment. VERITAS.

[We understand the patient is recovering just the same.—ED.]

MICHIGAN HOMŒOPATHIC MEDICAL SOCIETY.

HOMER, Mich., March 20, 1885.

DEAR DOCTOR:—The next annual meeting of the Homœopathic Medical Society of the State of Michigan will be held in the city of East Saginaw, on the 19th and 20th days of May next. Never in the history of Homœopathy in Michigan has there been a better understanding among its practitioners or a greater desire to advance its interests. The General Secretary reports members of the different bureaus actively engaged upon their papers and everything points to a very interesting and profitable session. L. T. VAN HORN, Secretary.

EDITORIAL.

THE SECRET OF A SUCCESSFUL PRESCRIPTION.—The selection of the *true* simillimum, the curative remedy, however simple it may appear on paper, is a very difficult task at the bedside. To do this successfully requires a varied and extensive knowledge of disease as well as of the Materia Medica. But it can be done, though not by the usual "short-cut." It often requires hard work and close application; and it is work that returns a bountiful harvest, but work that cannot be delegated. After giving us the law of cure, Hahnemann laid down a few plain rules for putting it into practice—for the selection of the remedy —and it is in these that "the secret of success" is to be found. Those unfamiliar with these priceless gems, can never know the highest possibilities of their art.

The first and most important is given in § 153 of the *Organon*, and if we can judge by the editorials in some of our journals and the clinical cases reported by some of our physicians, many professed Homœopaths are not guided by it, and many we fear have never seen it or even heard of it; hence we may be pardoned for quoting the entire rule.

"This search for a homœopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of our tested drugs, among which a morbific potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon,* and *peculiar* (characteristic) features of the case, are especially, and almost exclusively considered and noted; for *these in particular, should bear the closest similitude to the symptoms of the desired medicine,* if that is to accomplish the cure. The more general and indefinate symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease, and to almost every drug." (Also see § 102, 82).

Hahnemann here lays down the rule that it is the

uncommon and *peculiar* symptoms of a case which are guiding and characteristic, and these are to be taken from "the totality of symptoms." In mathematics three points of rest are necessary to support any object, so in the true application of the law of cure, we must have the totality. A correct prescription can seldom be made from a single symptom even though it be a "key-note" or "characteristic" of great value, for the same reason that it is difficult for a one-legged stool to stand alone. In the mass of conflicting symptoms, so often found in chronic cases, it is well to look carefully into those that are *uncommon* and *peculiar*. It is also best in studying our provings, especially those of our anti-psoric remedies to note the *uncommon* symptoms, as they are very apt to be distinctive and guiding.

A case reported by Dr. Farrington, (N. Y. State transactions), illustrates this point, in which there were many "characteristic" symptoms, and the difficulty was to decide upon the one most *peculiar* and *uncommon*. "Palpitation of heart, worse lying down at night. Frontal headache. Sensation of a load in stomach after even a light meal, unless she chews gentian or some other substance. No inclination for the bowels to move, is compelled to take cascara sagrada; has 'lived on purgatives for years.' Faints in a warm room; always better in the open air, even though she is chilly. Cries easily; constantly depressed. Cannot urinate without getting down on 'all-fours.' Urine deposits a red, sandy sediment." Here are characteristics of Bryonia, Lycopodium, Nux vomica, Pulsatilla, but the most *uncommon* symptom is the position the patient is compelled to assume in order to urinate, and which is found under Pareira Brava, and under no other drug; "and its use was followed by the most satisfactory results."

I was called Dec. 20, 1884, at 3 A. M., to visit a lady suffering with a severe congestive headache, and requested to bring my "hypodermic syringe or chloroform." As I have

no use for palliatives and do not use either, I did not take them. She is 46 years of age, of medium size, dark complexion, black hair and eyes, and except an occasional headache, usually enjoys good health. Menstruation regular, normal; occurred two weeks ago. The present attack was attributed to some mental excitement to which she had been subjected in the afternoon. The pain began in the evening, and thinking to obtain relief she retired early, but from the violence of attack was soon compelled to leave the bed and walk the floor to obtain relief. The pain was pressing, throbbing, bursting; as if the head was too full; as if it would burst or force the globes from the orbits. The head, face and neck were red and hot, and the carotids throbbed violently. The pain was terrible, and she declared she "would become insane if it continued another hour." The only relief she could obtain was by pressing the sides of her head with both hands and *walking as rapidly as possible* from end to end of a suite of three rooms. The character of the pain, the intense congestion of head, face and eyes, the throbbing carotids, certainly pointed to Belladonna. But the manner of obtaining relief *from rapid motion*, which was here the most *uncommon* symptom, promptly excluded that remedy. Any remedy that would cure this case must contain among its totality, this peculiar symptom, which is a *characteristic* of *Sepia*. A few pellets of Sepia ^{200} were prepared in water, and a teaspoonful ordered every ten minutes until relieved. Before the time for the third dose had arrived, she had lain down on the lounge and was asleep, and the next day was as well as usual. Would the "hypodermic" have done the work quicker or better? Should we not be thankful for a law of cure, and does it not pay to follow its guiding star? Or is the spectacle presented to the world by so-called "scientific medicine," at the bedside of Gen. Grant, one for which we should abandon our distinctive name and our positive practice? Through the

kindness of nature and by the aid of the microscope, these "scientific" gentlemen are enabled to offer the patient a scientific diagnosis; nothing more. From first to last it is *palliation*! *palliation*!! not even an attempt at cure. In the case of General Garfield they faithfully and scientifically treated their erroneous diagnosis for months; with what result the world knows. And yet there are some professed Homœopaths who long for "the flesh-pots of Egypt," and a union of the schools.

CONSISTENT.—In the January number of this journal we published a fragmentary proving which we believed had been honestly made, but to which the editor of a homœopathic journal takes strong exceptions, as "trashy." It was made from a mineral water of his own state and a complete analysis by Prof. Silliman was given. It was from crude not potentized doses. The chief objection appears to be made to the leucorrhœa having the odor of *fish-brine*. In Hering's proving of Tellurium, a similar odor was observed in the aural discharges, but it remained for the late Dr. Woodyatt to develop it and make some brilliant cures in aural surgery with this very *uncommon* symptom as a guide. When we have had a further proving from the potencies, we predict a valuable addition to our remedies from this mineral water, and have no fears whatever that Homœopathy will suffer any serious degradation. If our editor would exhibit a little more true anxiety for the welfare of the cause, and purge his own columns first, his criticism would be more seemly and appropriate. In the same issue of his journal he does not think it injurious to Homœopathy to "puff" a proprietary remedy for Asiatic cholera, or furnish his homœopathic readers with an allopathic ℞ for "gonorrhœa" containing four drugs, another for "pruritus ani" with four drugs, and a third for "earache and toothache" of three drugs, beside assuring his readers that "Pinus can. is a specific for gleet." And yet

he labels this as "advanced" or "scientific" Homœopathy. It would be very difficult to recognize it if the editor had neglected to label it. No reason for excluding that kind of Homœopathy from the army or navy. Have it there already.

NEW PUBLICATIONS.

A MANUAL OF THE MEDICAL BOTANY OF NORTH AMERICA. By Lawrence Johnson, A. M., M. D. Wm. Wood & Co., New York. *Wood's Library* for December, 1884.

It is not every one of our medical colleges, that affords its students instruction in botany. The natural consequence is that there exists in the profession at large, a somewhat shameful ignorance upon this subject. It is with the hope of remedying this condition to some extent, at least, that the publishers have issued this volume. It is well illustrated with a great many wood-cuts of flowers and plants, and has in addition nine large and well-drawn colored plates of well-known flowers. The work shows admirable taste and ability, and will serve excellently either as a work of reference or as a means of continuous study. Part first treats of the life-history of plants from germination to reproduction, and contains the explanation of common botanical and technical terms in general use. The second part of the book gives the systematic arrangement and description of most of the medicinal species, both indigenous and naturalized growing on this continent.

With this volume Wood's Library of Standard Medical Authors for 1884 closes, and we must certainly congratulate the publishers on their excellent selection of topics and writers, and upon the admirable way in which the books have been gotten up.

The three volumes for the current year that have been already published give promise of another valuable series.

NASSAU AND THE BAHAMAS. By Chas. Ives, M. A., Member of the New Haven Bar. Published by the author. 12 mo., 350 pp. Illustrated.

This book is the result of the observations of the author during a winter residence in this, as it is claimed, "Great Sanitarium of the Western World." With a minimum temperature from November to April of 66–70 and a maximum of 75 to 80, everything that a mild and salubrious atmosphere can offer the invalid is furnished, and it is in this alone that the superiority of the Bahamas as a winter resort over the Gulf States chiefly consists. Medical men who have occasion to advise a winter residence

would do well to consult it, as there are many facts to be found here that will be invaluable to patients, and which are not to be found in the guide books of the hotel and steamship companies.

EDITOR'S TABLE.

REMOVED.—A. F. Randall, M. D., from Almont to Port Huron Mich., where he succeeds the late Dr. Finster.

DIED.—Dr. F. Finster, of Port Huron, Mich. He had successfully upheld the banner of similia in Port Huron for twenty-seven years.

THE Indiana Institute of Homœopathy will hold its next annual session at Indianapolis, May 19 and 20. A large attendance is expected.

MOSES T. RUNNELS, M. D., of Indianapolis, has just returned from a five months' tour of the hospitals and medical schools of New York city.

THE HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN, will hold its twenty-first annual session at Janesville on Tuesday and Wednesday, May 26 and 27, 1885. A good bill of fare is presented by the various committees.

E. A. LODGE, M. D., the veteran editor of the *Observer*, has been very ill for several months. He is now convalescent, and we trust will soon be able to fill the editorial chair which he has so acceptably occupied for twenty years.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will convene in Pulte Medical College, Cincinnati, May 12 and 13, with headquarters at Palace Hotel. For members of the society rates will be $2.00. All roads entering Cincinnati will carry members and delegates for full fare going, and one cent per mile returning, provided they procure certificates before starting from the secretary, H. E. Beebe, M. D., Sidney, Ohio. The musical festival occurs on the 13th and 14th, thus enabling members and their wives and daughters to "kill two birds with one stone." For this festival the "Paris of America" will be decked in all her beauty, and the medical fraternity will vie with her other citizens in giving the members a warm reception. We understand the members of the various bureaus are busy, and the session promises to be a successful one.

OUR COLLEGES.—The Hahnemann of San Francisco, the youngest in the sisterhood, has completed its first course of lectures, with twenty-five students and seven graduates. Requirements: Three

courses of five months. Next course begins the first Tuesday in June.

THE State University of Iowa held its eighth commencement March 4. There were 36 students and ten graduates. Two terms of five months are required.

THE Homœopathic Hospital College of Cleveland held its commencement March 24. Had eighty-five matriculates, of whom twenty-four graduated. The diploma of honor was awarded to W. F. Lengenhager, of New York.

THE Pulte Medical College held its thirteenth commencement on March 3, in college hall. There were in attendance — students, and of these thirty graduated. The faculty prize and first clinical prize was awarded to Dr. Day, while an undergraduate secured the gold medal offered for the prize in physiology. Two courses of six months required.

THE Chicago Homœopathic held its ninth commencement on February 27. This has been the most prosperous year in the history of the college. The graduating class numbered thirty. The Bullock prize—a $250 microscope—open for competition by the students of all the medical colleges in Chicago—some seven or eight—was captured by Dr. Bayard Holmes. Two courses of twenty-two weeks required.

THE Homœopathic College of Missouri held its commencement the first week in Mareh. There were matriculates thirty-two, three failed on preliminary examination; nine graduated, and four failed on final examination. This report looks like reform, like an honest attempt to elevate the standard of the profession. When our colleges begin to boast of failures both on preliminary and final examinations instead of number of matriculates and graduates, it is a healthy symptom and augurs well for the future.

THE Hahnemann of Chicago held its twenty-fifth commencement February 27. Professor Ludlam, dean, reported eighty-one in the practitioners' course and 257 in the winter's course, making a total of 338 students, of whom sixty were women, in attendance during the year. Of these 106 applied for and ninety-seven received the degree of M. D. "The provincial preparatory schools, now multiplying in numbers, were said to contribute to this institution a large share of their second and third course students." Of the several prizes offered by the members of the faculty, three, including that of "excellence in general surgery," were captured by ladies of the class. Two courses of twenty-two weeks each are required.

THE

MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.

VOL. XV. ANN ARBOR, MAY, 1885. No. 11.

ORIGINAL CONTRIBUTIONS.

POTENTIATION A CONSEQUENCE OF THE LAW OF SIMILIA, AND VICE VERSA.

B. FINCKE, M. D., Brooklyn, N. Y.

Hahnemann says: (Organon 5th ed., sec. 10.) "The material organism, without a vital force, is not capable of any sensation, of any activity, of any self-preservation, only the immaterial essence which vivifies the material organism in the healthy and sick state (the vital force) imparts to it all sensation and actuates its vital functions."

This is the fundamental proposition which must be accepted by every Homœopathician if he means to find any sense in Homœopathy at all. If he cannot accept it on account of the general rejection of a vital force at the hands of the modern physicist he must try to free himself from the tenets of a school which essentially has nothing to do with the science and art of healing. Their limited conception of force may be sufficient for physics and chemistry and their practical purposes, but it falls short of the requirements of the science which we cultivate, in order to cure our patients *cito tuto et jucunde.*

From this acceptance of the vital force flows necessarily the conception of disease expressed in section 12: "Only the morbidly distuned vital force brings forth the diseases."

Hence diseases are not recognized, but as (sec. 6) "changes of the state of mind and body noticeable externally by the senses as symptoms, deviations from the previously healthy state of the patient which he himself feels, which the bystanders and the physician observe upon him. All these observable signs represent the disease in its whole compass."

For this reason (sec. 17), "the healing artist has only to take away the whole complex of the symptoms in order to remove and annihilate at the same time the inner change, *i. e.*, the morbid distunement of the vital force—therefore the totality of the disease, the disease itself, after which health is restored."

This is done (sec. 25) "by remedies which in their action upon the healthy human organism have been proved to be able to produce the greatest number of similar symptoms in properly potentiated and lessened doses."

This rests (sec. 26) upon the homœopathic general law "that a weaker dynamic affection in the living organism is extinguished permanently by a stronger one if this (different in kind) is very similar to it in its utterance."

The probable scientific reason for this law, which is demonstrated and verified in every case of healing, is (sec. 28) in that "when the homœopathic remedy is given a somewhat stronger artificial disease, is created in the diseased organism by the positive action rendering the opposite natural disease negative and extinguishing it." This substitution of the artificial for the natural disease by which it is superceded, rouses the energy of the vital force to overcome the superior strength of the remedy which, being a mere potency without substance behind it and only

stronger than the disease by a least plus vanishes in these efforts, and the vital force returns to its equilibrium of health without further than the normal functional oscillations. This explanation is so forcible that Trousseau and Schoenlein, two of the greatest physicians who ever lived, accepted it under the name, "Substitutive Method of Medicine." But Homœopathy is more. It is impossible to escape the consequences flowing from these ideas of Hahnemann, which now, for seventy-five years have guided his true followers who, in a large practice of so many years have found them correct up to the present day.

The fact that cures are also effected by crude medicine and large doses and by various agents and methods standing in the signification of remedies is undeniable, but has nothing to do with the Hahnemannian doctrine of Homœopathy; even if the remedy should be homœopathic to the case. They have a different *modus operandi* and do not act like the properly potentiated homœopathic remedy. This question, however, requires a treatment of its own which is not the object of this paper. If the remedy in too large doses overpowers the system in virtue of its homœopathicity to such a degree that its action is not disappearing in the efforts of the vital force to restore the equilibrium, there must result a serious aggravation which jeopardises the cure by removing the oscillations to farther limits, and the danger is in the weakening of the vital force which cannot quick enough regain the lost normal equilibrium. Still worse it is if the large dose is not homœopathic to the case. Then the disease present is increased by the totality of the symptoms produced by the allopathic remedy, and no recovery is likely to ensue. This is the reason why Hahnemann, with perfect insight into the nature of the healing process, has in his later life, after a long and varied experience, insisted upon the doctrine that in every case whatever, a dose should be given which in the proper way has been potentiated according to a method

growing out of the necessities of homœopathic practice, so that no chemical or physical test can find the least particle or atom of matter in it. (Kleine Schriften II., p. 199.) Why there should be in this appropriate homœopathic medicine still the power or potency to cure, is a question which requires an investigation of its own, and cannot here be entered upon.

The point to be shown here is that the remedy to be used by the Homœopathician for the purpose of cure should always be potentiated at least to such a degree that no matter can be found in it. This has been shown to be at about the tenth centesimal potency. I have made the spectroscopic test without telescope and found the limit at the ninth cent. Probably with proper microscopical arrangements the limit would be a little farther off, but will fall far short of the thirtieth which Hahnemann in his time recommended as the standard potency. The neurological test by Jaeger's and Fincke's method carries us much higher, nay, with the electro-neurometer any potency may be shown to act upon a suitable person within a few minutes. This, however, is not a physical but a physiological test, and shows the correctness of Hahnemann's explanation of a fact which has been rejected by the physicists who cannot see force in anything that is not matter or not connected with matter. But if they would reflect only for a moment and be just, they would have to admit that the potency is actually carried by matter in the inert vehicle, and that the vital force is actually supported by the nerve system as the vehicle of its action upon the whole organism. But for that matter it does not follow that the potency contained in a vial and the vital force contained in the body should be matter. This is the vital spirit-like principle which animates the otherwise inert matter, gives it its quality and property which it again renders in potentiation.

It is, therefore, by no means in the option of the

Homœopathician to select a large or small dose according to his whim, as he may feel inclined or be biassed, but he must, owing to the nature of the homœopathic principle, always use a remedy with no body to it except the inert vehicle, that is, a potency, if he means to make a clean and perfect cure without drawbacks of any kind. This question of the dose, at which so many have unnecessarily excited themselves, waiting for its solution as the Jews for the Messiah, has been closed by Hahnemann long ago, when he wrote his *Organon*, 4th edition, in 1829, and published his *Chronic Diseases* 1828–1829, being then seventy-four years old.

It is another question; which is the appropriate potency in each given case? This, of course, will ever be open and will have to be solved by the physician in attendance.

Now, perhaps, it might be said: This is all very well, but it is merely a deduction from the vital principle which is not acknowledged by the scholars of the present day who will accept nothing but what is established beyond any doubt by induction. Therefore, if Homœopathy stands upon the vital principle alone, it of right has no status in the present scientific world, and that is the reason why our adversaries will do no more than pick out the gold nuggets which the patient and long-enduring Homœopathy has brought up from the darkness of human understanding, appropriating them without giving credit where credit is due.

This apparently formidable rejection need not be appalling to the Homœopathician. For he knows that before Hahnemann laid down his thoughts on the healing process, he had gone through that stage of induction which led him to pronounce distinctly the principle from which Homœopathy flows like a river from its fountainhead. The elements of this induction, as there is no better one for the exact natural sciences, are found also in the *Organon*

from which the above elements of deduction have been quoted.

It has not been sufficiently acknowledged by the scientific body at large that Hahnemann created Homœopathics as a complete science of medicine, resting upon the sure foundation of Induction and Deduction. His Induction has been accepted as empirical "Science of Therapeutics," and as such has done immense service by its practical application and by its influence upon the allopathic school. His Deduction has been laid by, as peculiar to the "old man," as theories which might be discarded *ad libitum*, little heeding that there is no science which subsists upon induction alone which is only the necessary understructure of the building. Says John Stuart Mill (Logic, p. 286): "A revolution is peaceably and progressively effecting itself in philosophy, the reverse of that to which Bacon has attached his name. That great man changed the method of the sciences from deductive to experimental, but it is now rapidly reverting from experimental to deductive. Deduction is the great scientific work of the present and of future ages."

Half a century before this was written Hahnemann gave his science complete to the world, just as Minerva came, all armed and grown up from Jupiter's brain. By careful induction from well-observed facts, he arrived at the principle of Homœopathy, from which inversely the laws for the facts of induction were deduced, and his deductions find their verifications in the daily practice of Homœopathicians with high potencies.

Let us now proceed to his induction as the verification of his deduction given above.

Hahnemann, after an experience of forty-three years, and a Hahnemannian experience at that, declares (sec. 279) that "The dose of the homœopathically selected remedy can never be prepared so small that it should not be still stronger than the natural disease and potent

enough to at least in part overcome, extinguish and cure it as long as it is able, to immediately after its administration cause some though slight preponderance of its symptoms over the disease similar to it."

He himself has proved the thirtieth cent potency upon the healthy, and the result of his provings is laid down in his four volumes of *Chronic Diseases*, which is only a continuation of his *Materia Medica Pura* in six volumes.

Hahnemann continues (sec. 128): "Thus we now explore in the best manner even the substances deemed to be weak with regard to their medicinal power, if we let the prover take daily four to six pellets of the thirtieth (centesimal) potentiated attenuation of such a substance moistened with a little water, and continue this for several days,"

So this may be put down as an element of induction that he has actually proved the thirtieth cent. potency upon the healthy in numerous instances and found them producing symptoms of disease available for the cure of similar ailments.

Since then the potentiation of medicinal substances has been carried higher and higher, so that what has been predicated by Hahnemann in regard to the thirtieth cent., holds equally true with regard to the five millioneth cent. of which an undoubted proving has been given by Dr. Buckmann. (See Hom. Physician, vol. III, p. 260.)

The next element of induction is in the application of the proper homœopathic remedy upon the sick (sec. 148): "A remedy thus selected which has the power and tendency to excite the symptoms most possibly similar to the disease to be cured, therefore a similar artificial disease in its dynamical action upon the morbidly distuned vital force of man, seizes in proper dose just those parts and points in the organism hitherto suffering from the natural disease and excites in them their own artificial disease which, then, chiefly on account of the great simility and surpassing

strength steps in the place of the so far natural distunement of disease, so that the instinctive automatic vital force from this moment suffers no more from the natural but from the stronger similar medicine—disease which, then, again on account of the small dose of the remedy like every moderate medicine—disease conquered by the heightened energy of the vital force soon vanishes by itself and leaves the body free from all disease, *i. e.*, sound and permanently healthy." (Compare secs. 28—275): "The adaptedness of a medicine to a given state of disease depends not alone upon its striking homœopathic selection, but just as much upon the requisite correct magnitude, or rather minuteness of its dose."

(Sec. 281.) "Every patient, particularly in point of his disease, is incredibly liable to be affected by the medicinally powerful potencies proportionate by the simility of action, and there is no man, be he ever so robust, even when afflicted with a chronic or so-called local disease, who would not soon feel the most desired improvement in the suffering part after having taken the helpful homœopathically adapted medicine in the smallest dose to be thought of, who, in one word, should no more be affected in his system than the nursling only one day old, is changed by it. How insignificant and ridiculous, therefore, is this theoretical unbelief against these never-failing unerring proofs of experience."

No more need be said to point out the facts upon which these sections from the *Organon* are based. They are before the world in the innumerable cures which the Homœopathicians have performed by those Hahnemannian potencies, and it is the most prominent and gifted of our profession who have given and give yet their unqualified testimony in favor of the highly potentiated dose of the drug.

Dr. P. P. Wells, in his address, "Philosophy of Medicine," (Hom. Physician, Vol. I., p. 287,) says: "The claim to our acceptance of the dynamized dose in our practical duties

rests, then, wholly on the testimony of those who have tried it and who know the truth of what they affirm. The history of the dynamized dose, as contained in the testimony of these witnesses, declares its superior curative powers as compared with doses of crude drugs. It should be borne in mind, when considering the statements of those witnesses, that most of them are the more competent to give us testimony worthy of our regard for the reason that they have practically tried both kinds and have found greater curing power in that which is dynamized."

This declaration of the superior power of potentiated medicine by this trustworthy authority could not have been made without having the sure foundation of "pure experiments, careful observation and correct experience" (sec. 278) which is to be found in our literature and confirmed daily and hourly in the practice of every Homœopathician. The Hahnemannian postulate of the necessity of potentiating the remedy, has been verified for potencies as high as five millionth cent., in two cases, related by Dr. P. P. Wells in his article, "Routine Practice" (Hom. Physician, Vol. III., p. 286—291.)

The position taken in the foregoing quotation, moreover, is strengthened by the reflection that what here has been maintained on the ground of experiment and observation alone, is confirmed likewise by the general principle enunciated by Hahnemann as above stated. In fact it was this experience which caused him to pronounce it *in extenso* in the first part of the *Organon*. Here, then, is the second element of induction: The successful application of the proper potentiated dose of the homœopathic remedy in disease.

(*Continued.*)

OVI GALLINA PELLICULA, (SWAN).

(Lining Membrane of Egg Shell.)

C. B. GILBERT, M. D., Washington, D. C.

Jan. 24, 1885. Mrs. S. has been subject to rheumatism and two years ago had "nervous prostration" with many head symptoms; in the autumn of '83 had chronic diarrhœa, which was cured in Boston; last autumn another attack did not yield so readily and she perspired freely on exercising; after the diarrhœa was checked her stomach did not readily digest food which lay heavily. Two weeks after coming here (about Jan. 10) the heavy feeling in stomach returned and was soon followed by the old diarrhœa, when the stomach was better; at first the passages were confined to the early part of the day and the stools were formed and variable in color, but later they became thinner and more frequent and last night she had to get up from bed; the stools have been accompanied by wind and crampy pains which last Coloc. helped; for two days eating has brought a passage. But the characteristic was that after the earlier stools in the day which were profuse she was *so exhausted in the bowels that she was obliged to lie down.* She has tiresome dreams, white coated tongue and cold feet; besides Coloc. she has taken Cinch. and crude Camphor spirit, two drops last night.

Hering gives under Calc. ost. "Stools: frequent, first hard, then pasty, then liquid." In the "Organon" (Vol. II, p. 49). Dr. Skinner has a case where this symptom was relieved by Calc. ost. "Looseness of the bowels, however produced, makes her feel weak for a long time." Besides, Drs. Edson and Winslow of this city have found this exhaustion a prominent symptom of Ova testa (powdered egg-shell *and membrane*). Having some of the 30th of Swan she received two powders to be taken twenty-four hours apart.

Jan. 27th. Reports that she is "very much better in every way, *very* much" and that she had a perfectly natural stool this morning; *but the heaviness in the stomach has returned*; this being an old symptom, she was given Sac. lac. and three powders of the Ova. g. p.^{30}, with directions to take them if the stomach did not get better in a few days.

Feb. 16. Stomach got well on Sac. lac., but now has a cold (like most other people just now); the bowels tried to set up a fuss again a week ago, *but they did not succeed*, (medicinal action continuing?) and she did not repeat the O. g. p.

The shell is mostly carbonate of lime and the membrane apparently closely allied to it. Dr. Swan has published two provings of O. g. p. in proceedings of I. H. A., p. 248, but no symptoms of bowels were produced except hæmorrhages apparently from piles.

MATERIA MEDICA.

LEDUM PALUSTRE; A PARTIAL RE-PROVING.

EDWARD CRANCH, M. D., Erie. Penn.

While studying the pathogenesis of Ledum, the writer made a partial re-proving of it, with the following result: The *c. m.* of Swan was first tried, and frequent doses taken for nearly three days, with no perceptible effect; then, while still taking this potency, an anxious vertigo was noticed in the occipital region, rapidly increasing right to left, accompanied by apprehensiveness as if an attack of apoplexy were to be feared, and an easy perspiration on slight exertion (in winter). The vertigo was better in the open air, but worse lying down, yet the head seemed involuntarily to sink back. The next day, and for several days after the dosing was stopped, severe stitches in the chest, at a point over the base of the heart, to the left of the sternum, worse on deep inhalation, were noticed. The vertigo, after

two days, became so severe as to feel like intoxication commencing, and an antidote was sought, but not found, in Nux vomica[1000]; while Pulsatilla[1000], one dose, relieved promptly and permanently in a few minutes. For several weeks, a single dose of Ledum[cm] would give slight vertigo, always in the occiput, *causing the head to feel like sinking back.*

An interval of two months was allowed to elapse, owing to colds and extra fatigue. When perfectly well again, a drachm of the mother tincture was taken with only momentary vertigo. Next day a soft stool occurred, with profuse urination, but no subsequent reaction that could be noticed.

The day following, an ounce vial of pellets was medicated with Ledum and taken in repeated doses for three days, with no effect upon the head, but a renewal of the pain over base of heart, felt as a stitch, but only on bending forward or drawing in a very long breath; worse in cold, damp air. The urine was increased slightly, and the stools were slightly easier; sweating was easily provoked, or came in spontaneous bursts at 10 P. M., recurring every ten or fifteen minutes till asleep. After one week there were no more symptoms, and other occupations precluded further experiments.

In regard to the clinical use, one symptom given by Allen, "Petechial spots, like bruises," has been thrice verified, in a very marked manner. One case was a fracture of the fibula, in which the discoloration had been persistent over three weeks, commenced to go down within twenty-four hours after the administration of Ledum[200], and in three days was all gone. The same patient bruised the same leg a few months later, by falling into an excavation at the bottom of which lay some sewer pipe, the discoloration came on in three days, but was all gone in four days more, while Ledum[200] was given, and nothing else.

An old lady falling down a flight of steps, struck her forehead on a stone, having fallen in a fit of vertigo, to which she was subject. Ledum[200] was given on the fourth

day, the discoloration increased for one day, but was all gone in less than five days more. In a case of severe contusion, with a bump raised on the forehead, with abrasion of the skin, Ledum[200] was given at once and there was absolutely no discoloration.

In tenderness of the soles of the feet, in sciatica with cold extremities, in severe backache, very constant, and uninfluenced by exercise or motion, Ledum[200] has been followed by much benefit.

FOOT-SWEATS.

E. FORNIAS, M. D., Philadelphia.

SILICA.—*Offensive foot-sweat* with rawness between the toes. Itching of soles, driving to despair.

SEPIA.—*Profuse foot-sweat* or very *fetid*, causing soreness of toes. Burning, or heat of the feet at night. Crippled nails.

BARYTA CARB.—*Fetid foot-sweat*, with callosities on the soles which are painful on walking. Soles feel bruised at night, keeping one awake, after rising and walking.

LYCOPOD.—*Profuse and fetid foot-sweat*, with burning in the soles. One foot hot, the other cold, or both cold and sweaty. Swelling of the soles; they pain when walking. Fissures on the heels.

THUJA.—Fetid sweat on toes, with redness and swelling of the tips. Nets of veins, as if marbled, on the soles of the feet. Suppressed foot-sweat. Nails crippled, brittle, or soft.

GRAPHITES.—Profuse foot-sweat, not fetid as in Sepia or Silica, but the most moderate walking causes soreness between the toes, so that the parts become raw. Spreading blisters on the toes, thick and crippled toe nails. (Jahr gives fetid feet under Graph.)

KALI CARB.—*Profuse fetid foot-sweat.* Swelling and redness of the soles; chilblains. Stitches in the painful and sensitive corns.

CARBO VEG.—*Foot-sweat* excoriating toes. Toes red, swollen. Stinging, as if frosted. Tip of toes ulcerated.

ZINCUM.—The feet are sweaty and sore about toes; also fetid. Chilblains from scratching and friction. The suppression of sweat causes paralysis of the feet.

MUR. ACID.—Cold sweat on the feet, evening in bed. Swelling, redness, and burning of tips of toes. Chilblains.

NITRIC ACID.—Foul smelling *foot-sweat.* Chilblains on the toes.

CALC. OST.—*Foot-sweat* which makes the feet sore. Feet feel cold and damp, as if she had wet stockings. Burning in the soles.

LACTIC ACID.—Profuse *foot-sweat,* but not fetid (Graph.)

SULPHUR.—Sweating and coldness of the soles. Burning soles, wants them uncovered.

PETROL.—Feet tender and bathed in a *foul moisture.* Feet swollen and cold. Hot swelling of the soles, with burning. Heel painfully swollen and red. Chilblains. Tendency of skin to fester and ulcerate.

IODUM.—Acrid, corrosive *foot-sweat.* Œdematous swelling of the feet.

PLUMBUM.—*Fetid foot-sweat.* Swelling of the feet.

PODOPH.—Foot-sweat evenings.

CANTHAR.—Temporary cold sweat on feet. Smells like urine.

HELLEBOR.—Humid, painless vesicles between the toes.

SQUILLA.—*Cold foot-sweat.* Sweat only on toes. Soles red and sore when walking. (Jahr gives the following.)

FOOT-SWEAT.—Acon. *Amm.* Baryt.° CALC. *Carb. veg.* Cocc. *Cup.* Cycl. *Dros.* Graph. Iod.° KALI. Kreos. *Lach.*° LYCOP. *Mag. m.* Merc. *Nat. m. Nit. ac. Nux jug. Petr.* Phos. *Phos. ac.* Plumb. *Puls. Sabad. Sabin.*° SEPIA.° SILIC. SQUILL. Staph.° SULPH. *Thuj. Zinc.*

—CORROSIVE.—Iod. Lycop. Nit. ac. Silic. Zinc. (Carbo veg.)

—FETID.—Amm. *Baryt. Cycl. Graph. Kali.*° *Nit.-ac.*° *Nux-jug.* Phosph. Plumb. *Sep.* SILICA. *Zinc.*

—COLD.—Cocc. Dros. Ipecac. *Lycop.* Merc. *Squill.* Staph. *Sulph.* (Canth.)
—NIGHT (at).—Coloc. (Evening, Mur. ac. Podoph.)
—SUPPRESSED.—° *Cup.* ° *Kali.* ° *Nat-m.* ° *Nit-ac.* ° *Sep.* °SILICA. (Apis. Rhus. tox. Puls. Thuj. Zinc.)
—SOLES OF FLEET (on).—Acon. Arn. Kali. Nat. m. *Nit. ac.* Petrol. *Plumb. Sabad.* Silica. Sulph.
—TOES (between the).—Acon. Arn. Clem. Cycl. Ferr. Kali Sep. Sil. Squilla. Tarax. Thuja.
—PROFUSE.—Carbo v. Graph. Kali, Lactic ac. Lycop. *Sepia.*
—With much *itching* of soles.—Silica. Sulph.
—With *burning.*—Calc. ost. Lycop. Mur. ac. Petrol. Sep. Sulph.
—With *rawness.*—Graph. Silica. (Carbo veg.)
—With *soreness.*—Baryta c. Calc. Carbo veg. Graph. Iod. Petrol. Sep. Squilla. Zinc.
—With *redness and swelling* in the soles.—Iod. Kali carb. Lycop. Petrol. Squilla—in the feet, Plumb.—in the tips. Mur. ac. Thuja—in the toes, Carbo veg.
—With *pain,* on walking.—Baryta c. Graph. Lycop. Squilla —at rest, Carbo veg. (stinging), Petrol. (pain in heel of foot.)
—With crippled nails.—Graph. Sepia. Thuja.
MOISTURE (rather than sweat).—Fetid, Petrol.—Cold, Calc.

Hom. Physician.

CLINICAL.

TYPHOID FEVER WITH PARALYSIS.

G. N. BRIGHAM, M. D., Grand Rapids, Mich.

Miss D.—a teacher in our schools was taken down with typhoid fever the last of August. Tried hard to keep up four or five days and took camphor and quinine, prescribing for herself two days before I was called. "Camphor

for diarrhœa, and quinine to keep up on," she said. Nothing unusual for six days more than rather exaggerated nervous symptoms. Slept very little and very talkative. In visiting her on the sixth morning she said she and her mother did not agree. That she could not give up her will to her mother's. Showed a little want of modesty, as she got out of bed in our presencé to arrange some of her underclothes. Was thus far cared for by mother and sister who were wanting in competency. Became more irrational and got up and went to door, wandered about house much as she pleased, went to table and took dinner with family etc., was utterly prostrated before evening and a raving maniac when I called at six o'clock. Gave Hyosciamus[30] and put her in charge of a nurse. Nurse said she quieted down by degrees and was asleep before 2 A. M. When I called in the morning could not arouse her nor open her jaws. Could nearly raise her by the head, muscles of neck and back were so contracted. Used Zincum 10 drops of the sixth hypodermically, in the muscles of the neck and chest once in four hours for 24 hours, and then for another day the thirtieth attenuation, and drew off contents of bladder with catheter. At the end of thirty-six hours signs of improvement began to appear, jaws became less rigid, was able to swallow, and could get a little medicine into the stomach. Fed her bits of ice and gave Hyoscyamus[200] for restlessness which now appeared. Case after this date had nothing beyond a severe type of typhoid, and convalesced at the end of four weeks.

VERIFICATIONS.

W. I. HOWARD, M. D., Stevens Point, Wisconsin.

CASE I.—*Calcarea ost.* August 2, 1884. A girl, æt. seventeen months. Scrofulous constitution, puny, weak and flabby. Had laryngismus stridulus last October, and for the last year has been troubled with diarrhœa or con-

stipation. At present stools loose, white, undigested, sometimes watery. Teeth are late in coming through, she always has swollen gums. Sweats profusely, but on the head only, sometimes wetting the pillow where her head lay; appetite poor. *Calcarea ost.*[200], night and morning, two doses. *Sac. lac.* night and morning for a week.

August 14: Reports that the child had no diarrhœa first day or two after taking medicine, but was now as bad as ever. Gave *Calcarea ost.*[200], a dose night and morning, then gave *Sac. lac.* for two days then *Calcarea* as before. This routine was continued for two weeks, at the end of which time the condition of the bowels was normal, appetite good, and the child gaining in health and strength.

November 11: Child reported well and strong, but eruption of teeth still retarded.

CASE II.—*Calcarea ost.* September 4, 1884: Bert C—, æt. 5. Light hair, blue eyes, delicate frame. Has had worm symptoms, picking the nose, choking and "gagging," restless sleep, and occasional convulsions, for two or three years; has been treated by physicians of both schools here. Present condition: Picking the nose constantly. Irritation and itching of anus, worse at night. Frequent urination, urine high colored, sometimes turns white on standing. Appetite poor, cares for nothing but eggs, which he wants three times a day. Diarrhœa, thin, whitish, undigested, slimy or watery. Body emaciated but abdomen hard and swollen. Sweat, sometimes cold, about the head. Sweats easily and takes cold easily. Gave two doses of *Calcarea*[200], one to be taken that night, the other next morning. Placebo every two hours for a week. Two weeks after, reported appetite and diarrhœa better.

November 1.—Father of the boy reports that he is strong and hearty, and apparently well in every respect. Has taken no medicine since I saw him.

CASE III.—*Bryonia alb.* November 12, 1884: Mrs. E—, æt. 81, dark hair and eyes, well-preserved for age.

Took cold a few days before, and has headache across forehead with fullness and weight in region of frontal sinuses and upper part of nose. Cough; dry and hacking, with soreness in abdominal muscles. All the pain is referred to the region of the stomach. Cough worse on lying down, and at night. Must sit up in bed to cough. *Bryonia*[200], a powder night and morning. Also in solution every two hours until relieved.

Reported next day that head felt better after the first dose of medicine. Slept well all night, no headache and but little cough remaining.

CASE IV.—*Belladonna.* November 13, 1884. Miss G., æt. 25, dark hair and eyes, plethoric and fleshy. Was called at 10 A. M., and found her in bed suffering from a severe headache. Aching across forehead and eyes and from occiput to forehead. Throbbing pain, aggravated by noise, light and motion. Thirst for large quantities of water, must drink often. Mouth dry and hot, tongue coated white, bad taste in the mouth. Pulse 102. Face red and hot, eyes injected. Felt chilly and nervous. Head had ached all night, while feet and extremities were cold. On getting out of bed she had vomited, and after dressing and going into a warm room she had fainted. Menses had come on the day before, flow normal. *Belladonna*[200], a powder every hour. Left *Belladonna*[2x] in solution and told them to give the powders until three o'clock, and if she did not feel better then to give the solution every half-hour.

November 14: Said she took the powders as directed, until three o'clock, when, feeling no relief from the intense pain, she commenced to take the solution (*Belladonna*[2x],) the first dose of which made her feel better. Soon after taking it a profuse perspiration came on which continued during the night, wetting her night-dress through. Head still ached slightly. *Belladonna*[2x] continued at lengthened intervals. Was all right the next day.

The result of treatment in this case would seem to indi-

cate that the high potencies are not suitable for acute diseases of robust and plethoric individuals; however reliable in their true sphere—chronic diseases, and acute affections of persons who are peculiarly delicate and impressionable as infants and very old people.

[Perhaps a different result would have been obtained if *Belladonna*[200] had not been repeated every hour.—ED].

VERIFICATIONS.

W. D. COOPER, M. D., Wayne, Michigan.

CASE I.—*Podophyllum*; *chronic diarrhœa.* In February, 1884, a young man came to me for treatment, and gave the following history. About nine years ago while working in the hayfield, he became overheated, which was immediately followed by a looseness of the bowels, for which no permanent relief could be obtained from old school treatment. At times the stools became almost dysenteric, which, before it could be checked, much reduced him in both flesh and strength.

He had a continual craving for acid food, yet if taken, it at once renewed the attack. When he came to me, he was just recovering from a severe attack of diarrhœa, (and old school treatment) and being again threatened had concluded to try Homœopathy.

S. P.—Morning diarrhœa (7 A. M.) slight rolling in the bowels, tenesmus and copious light yellow stools. I gave him a dose of *Nux. vom.* to antidote previous treatment. The next day he greeted me with "Dr. I feel better." I then gave him a few powders of *Podophyllum*[30], and in two days he reported "I am on the sunny road to happiness." Gave a few more powders of *Podophyllum*[30]. In two weeks he reported a slight return of diarrhœa, for which he was given *Ant. crud.*[30], one powder, which gave immediate relief; repeated the dose in one week, since which time no symptoms of the malady have returned.

CASE II.—*Kali carbonicum; abscess of the lungs.* Mr. M.—æt. 23, in March, 1884, was taken with chills and high fever; in a few days coughed up a quantity of pus. An old school physician was called, who immediately summoned two others in consultation; their diagnosis was abscess in the lower lobe of right lung, and the prognosis *unfavorable.* On being called I made an examination and found a large cavity in the lower lobe of the right lung, patient unable to lie down, high fever and profuse expectoration of pus.

I put him on *Kali carb*[30], every two hours; the improvement was rapid. In twelve days I had the satisfaction of discharging the case cured.

[Hahnemann says in his introduction to *Kali carbonicum* that: "Persons suffering with ulceration of the lungs, can scarcely get well without this anti-psoric." We have many times verified this observation especially when the lower lobe of right lung was affected.—ED.]

SENILE GANGRENE OF THE HAND.

JAY S. MEAD, M. D., Vicksburg, Mich.

CASE I.—Mrs. K—, age 50. Plethoric; weight 180; occupation, a farmer. Felt very stupid, with dull headache, sleepless nights; tongue slightly coated brown. A peculiar pricking pain followed by a numb sensation of hand and arm. Hand covered with small blisters and slightly swollen. Beneath integument, a dark discoloration all over back of hand; also that peculiar clear color of the adipose tissue often seen on cadavers which have an abundance of adipose.

Patient was first seen by an Allopath who diagnosed Rhus poison, and prescribed a wash for the same. No relief. The remedies which I used as indicated were Kali hyd., followed by Secale cor. Recovery in four weeks.

CASE II.—Mr. O—, age 45. Blonde, plethoric, by occupation a shoemaker. Was taken ill in the shop, with severe

pain in the bowels, but walked home soon after. I was called on third day of sickness, found him in semi-prone position. Gave following symptoms: Dull, heavy pain in rectum, aggravated by motion and often severe pain at stool. Sharp pains sometimes passing up and down limbs; also to stomach, causing nausea. A feeling in rectum as of sticks. After a few days passed slight blood and pus at stool. Was treated several days, when one day a messenger came in great haste, saying, "a bone is sticking out of the anus." After arriving I soon extracted the "bone" and found it to be a piece of wood one and one-half inches long, one-eighth inch thick at one end and tapering to a point. Patient could not account for it; had previously diagnosed "piles," to which I gave assent.

INTERMITTENT FEVER.

H. W. CHAMPLIN, M. D., Chelsea, Mich.

In response to your solicitation I send a report of a few cases from practice. I confess that heretofore I have been selfish in keeping the benefits of my experience to myself and at the same time drawing all that I could from the experience of others.

CASE I—*Capsicum*—Mr. W. B—, Normal school student came home and consulted me February 26. Had complained of following symptoms several days: Sweat beginning in lumbar region or between shoulder blades about 6 P. M. every day. Feels chilly as soon as sweat begins; thirst, but drinking cold water aggravates. Relieved by walking about. Symptoms keep him awake until morning if he goes to bed. The more he covers the more he sweats and the more he feels chilly. Has walked about for several nights instead of going to bed.

Gave a few powders of *Capsicum*^{30}, which was followed by an immediate and entire relief of all of the

symptoms. On the evening of March 6th became nervous and began to sweat and feel chilly. Took one dose of *Capsicum*^{30}, followed by a cessation of symptoms, and up to this date there has been no return.

CASE II—Miss A. P—, This case has been an office patient for some weeks for a variety of chronic ailments. January 10th was called to see her. Had been taken worse the night of the 8th. Had a chill beginning between shoulder blades, going over her in streaks; slight hacking cough, worse during chill (Rhus tox. Had given her this remedy on the 7th, two hundredth attenuation, and had often given it before, followed by an aggravation so that she invariably remarked that I gave her something to make her worse every time she came to me.) Chill generally during the early part of the night, followed by fever and sweat. Headache and backache worse during chill. Appetite poor; sleepless; pulse 100; temperature 102° F. *Capsicum*^{30}, every four hours. Did not have another chill, and other symptoms ameliorated.

Have since relieved her with Bry. of some symptoms that Rhus did not relieve.

I have in my case book notes of several other cases of chills and fever cured by *Capsicum*^{30}, but to give them would be to repeat the symptoms found in Hering under that remedy, and also more systematically arranged in "Allen on Intermittent Fever."

I have never given *Capsicum* where it failed to cure and have never given it in any other attenuation than the thirtieth. Do not know but other attenuations would do as well. The indications are clear-cut and unmistakable. I have sometimes prescribed it when I knew no other symptoms than that the chill began between the shoulder blades. Have cured several cases with *Capsicum* that had resisted Quinine and other drugs.

SURGERY.

FRACTURE OF LOWER END OF THE RADIUS, WITH TREATMENT.

R. J. LEVIS, M. D.
Surgeon to the Pennsylvania Hospital, and to the Jefferson College Hospital.

The correct nature and mechanism of the ordinary form of fracture of the lower end of the radius is now, after much controversy, generally admitted and properly comprehended.

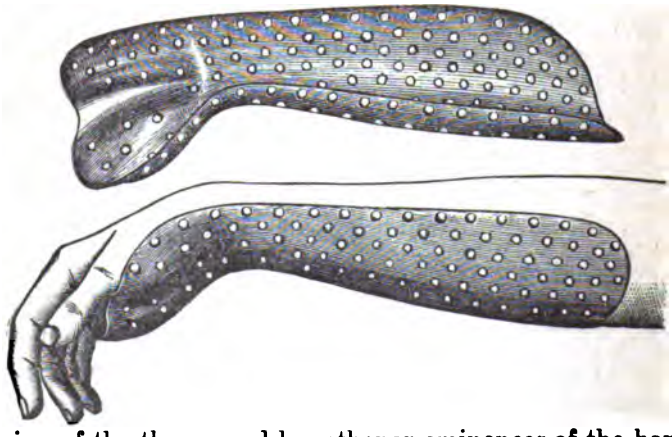
In the usual and very characteristic fracture of the carpal end of the radius the primary line of the fracture is, with little tendency to deviation, transverse in direction. Associated lines of fracture are generally those of comminution of the lower fragment, and are caused by the upper fragment being driven vertically into it and splitting it, usually in directions towards its articular surface. The displacement of the lower fragment is towards the dorsal aspect of the forearm, and its articular surface is inclined in the same direction, abnormally presenting backwards and upwards. The mechanism of the fracture is its production by falls upon the palm of the hand, which, with the carpus, undergoes extreme extension, and the fracture is caused by an act of leverage or transverse strain. This direction of force has also been called cross-breaking strain. In this fracture, actual displacement of the lower fragment may not exist at all, or it may be to the extent of complete separation from contact of the broken surfaces varying with the amount of force applied and with the retaining influence of the surrounding dense structures.

The first essential of the treatment of fracture of the lower end of the radius is the complete reduction of the displacement. The action of replacement must be directed to the lower fragment itself. The reduction of the fracture can usually be thoroughly effected, under anæsthesia, by strong extension applied to the hand, associated with

forced flexion of the wrist, and with pressure applied directly on the dorsal surface of the lower fragment. Unless vertical splitting or comminution of the lower fragments exists, the maintaining of partial flexion of the wrist, with pressure of a pad on the dorsal surface of the fragment, will prevent return of deformity.

With the object of retaining the apposition of the fractured surfaces, by overcoming displacing forces, I have practiced for many years on the principles involved in the splint here illustrated, the application of which will not require much description.

In the treatment of fracture of the lower end of the radius it is essential that proper allowance be made for the curvature of the anterior or palmar surface of this part of the bone. This is insured in the splint which I have devised, which follows correctly the radial curvature; and the

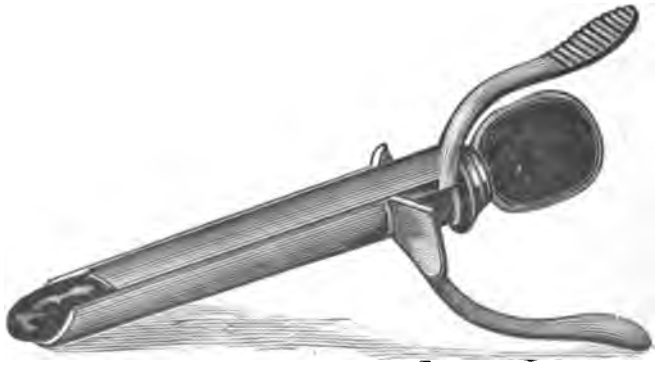


fixing of the thenar and hypothenar eminences of the hand in their moulded beds, maintains the splint immovably in its correct position with reference to the radial curve. To neglect of complete primary reduction of the displacement of the lower fragment, and to inefficient restoration and retention of the normal radial curve, are due the frequent unfortunate sequences of this fracture. The splint is made of copper, so as to be readily conformable by bending to

suit the peculiarities of size and form of forearms. The slight roughness left on back of splint from perforations is for the purpose of keeping the bandage from slipping. It is nickel-plated to prevent oxidation. The splint will usually fit the forearm so accurately that but little padding will be required, and a piece of woven lint, or of cotton or woollen flannel is all that is necessary for its lining. No dorsal splint is needed, but, as before referred to, a small pad will, in most cases, be required over the dorsal surface of the lower fragment. For retention of the splint an ordinary bandage, two inches and a half to three inches wide, is all that is necessary. This splint has the merits of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries involving the forearm and wrist, and, as now supplied, is very inexpensive.

A GOOD RECTAL SPECULUM.

Probably there is no instrument in surgery that has given rise to more dissatisfaction than the rectal speculum. A large variety have been manufactured, but there has always been "something found wanting." While perusing *The Medical Brief* of April, this year, we saw a brief description of an instrument made by Dr. F.



H. Rorick, which we will quote. The speculum can be obtained of Milburn & Williamson (see advertisement in this

journal.) The writer has employed the instrument for sometime and can "speak from experience":

"It is a metal cylinder with a slide" (not unlike the Brinkerhoff speculum) "on one side and slightly conical, with an accurately-fitting mahogany plug, rounded and protruding at the end, which makes its introduction a matter of ease and painless to the patient, so far as possible for any foreign body of its size. After the speculum is well introduced the plug is to be withdrawn, when the membrane at minor end may be seen as plainly as though on the surface of the body—if the examination be made in a good light. Slowly withdraw the slide and the membrane will gradually protrude over its end, giving an opportunity to closely scrutinize every part of the rectal membrane, making it possible to find and treat a diseased condition when it exists."—[ED.]

VIVISECTION INDISPENSABLE TO THE PROGRESS OF MEDICINE.

Wounds of the abdomen, especially gunshot-wounds, are among the most fatal injuries known to surgery. A small, innocent-looking, external pistol wound may cover multiple and almost inevitably fatal perforations of the abdominal contents. The recoveries from 3,717 such wounds during the late civil war only numbered 444, and of those with escape of the intestinal contents the recoveries, says Otis, may be counted on one's fingers. The prevailing treatment, as laid down in our text-books, has been purely conservative, treating symptoms as they arise. The brilliant results achieved in other abdominal operations have led a few bold spirits, such as our own Sims, Gross, Otis, McGuire and others, to advocate the opening of the abdomen and the repair of the injuries found.

In May of last year, Parkes of Chicago, reported to the American Medical Association a series of systematic ex-

periments on thirty-seven dogs that were etherized, then shot, the abdomen opened, and the wounds of the intestines, arteries, mesentery, etc., treated by appropriate surgical methods. The results confirmed the belief awakened by earlier experiments and observations that surgery could grapple successfully with multiple and formidable wounds by sewing them up in various ways, or even by removing a piece of the bowel and uniting the cut ends. Hard upon the heels of this important paper, and largely as its result, comes a striking improvement in practice. And remember, that this is only the first fruit of a rich harvest for future time, in all countries, in peace and in war.

November 2d, of last year, a man was brought to the Chambers Street Hospital in New York, with a pistol-shot wound in the abdomen. Under careful antiseptic precautions, and following the indications of Parkes, the abdomen was opened by Dr. Bull, coil after coil of the intestines was drawn out, the bullet was found and removed, and seven wounds of the intestines were successfully discovered and properly treated, and the patient made an uninterrupted recovery. A recovery, after so many wounds, any one of which would necessarily have been fatal under the old methods of treatment, shows that we have now entered upon a proper and successful method of treatment for such frightful accidents—*Popular Science Monthly for May.*

RECENT EXPERIMENTS IN VIVISECTION.

Those who are familiar with the work performed by that estimable gentleman and philanthropist, Mr. Henry Berg, cannot help listening attentively to what he has to say, and generally agreeing with him; but at times, it seems as if his sympathy for the brute creation carried him to unwarranted excesses. To this latter category would seem to belong his action regarding the very valu-

able, and in no sense cruel, experiments in osteotomy recently made with an etherized sheep at the New York Post-Graduate College and Hospital. Suffering humanity has some claims that cannot be overlooked; and if investigations made by experts with living subjects will seem to lessen the pain or shorten the list of maladies that human flesh is heir to, it would appear unreasonable to demand their discontinuance.

The experiments referred to were made with a purpose of ascertaining whether or no bone may be removed in diseases of the joints without entailing permanent stiffness in the affected parts. The theory upon which Dr. Roberts' operation was based is that the first indications of disease in bone may be removed in much the same manner as that employed by dentists with decayed teeth, and that the well known property of bone to throw out new tissue would do for the part removed what the dentist's artificial filling does for the cavity that is left in the tooth.

When the sheep had been rendered insensible by the application of ether, Dr. Roberts removed the wool between the thigh and the shank, and then laid bare that portion of the bone which lies adjacent to the articulation of the joint. A small electric battery served to operate a drill and burr, and by means of this he made a small excavation in the bone, pausing from time to time to examine by the aid of a miniature incandescent electric light the progress of his work. When the operation was completed, a cavity was left in the bone large enough to admit a small thimble, but the articulation of the joint remained uninjured. After a drainage pipe was affixed to the cavity, the parts were carefully sewed together. Six weeks hence, when the cavity shall have had ample time to fill up with new bone, the animal will be killed, in order that the result of the operation may be accurately determined. Should the theory upon which this operation is based prove well founded, the most important results may be expected

in the future treatment of diseases of the hip, knee and ankle where the spongy interior of the bone is the seat of the trouble, and the slow and trying system of absorbing the diseased bone, of removing the joint and thus shortening the leg, and the other and various means employed, all of which have a stiffened joint as a result, will be superceded.—*Scientific American.*

CORRESPONDENCE.

OUR NEW ORLEANS LETTER.

Editor Medical Advance:

I am more than pleased to communicate to our brethren of the great north-west, through your valuable journal, the points of interest relative to the convention of homœopathic physicians, recently held in New Orleans. The meeting was called to order at 10 A. M. on Thursday, April 9th, by Pres. Angell, of the State Association of La., about thirty-five physicians being present, representing the following states: La. 16, Tex. 7, Ala. 3, Ga. 2, Mo., Ohio, Wis. and Ark. one each. After a short address of welcome by Dr. Angell, nominations were in order, and Dr. Fellows of Wisconsin, was unanimously elected permanent chairman; Dr. Jones of Texas, 1st vice; Dr. Henry of Ala., 2nd vice; Dr. Lopez of La., sec'y; and Falligant of Ga., assist. sec'y. The selection of Dr. Fellows as presiding officer, was fortunate. as his rulings were uniformly, courteous and just. During Thursday's session, papers were read by Dr. Bailey, on cholera, by Dr. Jones, on pneumonia, and Dr. Monroe, on typho-malarial fever. These papers were all fully, and intelligently discussed. Dr. Bailey was quite warmly attacked by a member who labored under the misapprehension that he had announced the presence of carbon in the system as the prime factor in the ætiology of cholera and by another who objected to his recommendation that

oxygen in a condensed form should be used in its treatment. But when he good-naturedly explained that it was the absence of oxygen and not the presence of carbon which he considered a facter in it's ætiology, and that oxygen was only recommended as supplementary to and not to supplant homœopathic treatment, he was allowed to retire in good order. The homœopathic remedies mentioned in the discussion as suited to the disease were Hahnemann's favorites. [Hahnemann had no favorites.—ED.]

Dr. Jones' paper attempted to prove that pneumonia was characterized by a premonitory stage not generally recognized, accompanied by increased temperature, the practical application of his knowledge was to the effect that the disease when recognized at this stage could be ameliorated but not aborted. The same I believe to be true of all acute inflammatory diseases; but, is the patient ever seen in this stage?

In the subsequent discussion the question was asked, whether the lung capacity of the negro, is as great as that of the white? I believe the conclusion reached was that it was materially less. Several agreed that he was much more subject to pneumonia, and that Bryonia was his remedy, not only in that disease, but in most of his diseases. One member thought he saw the explanation of this in the fact that many of the diseases of the negro were due to suppression of excretions by exposure, to which he is so subject as a laborer, and was often scantily clothed and housed. Another member said that he never failed to relieve suppressed menstruation in the negress with Bryonia.

Dr. Monroe's paper reported 121 cases of typho-malarial fever. He claimed that no other name would suit these cases; that the disease must be a hybrid; that the symptoms of the two diseases were thoroughly mixed; that quinine failed to shorten the attack on the one hand; that it was not equally self-limiting as typhoid on the other; that the temperature curves were always those of malaria.

His remedies in the order of their importance were *Bryonia, Arsenicum, Rhus, Phos. ac., Gelsemium, Quinine.* Dr. Fisher objected to the use of Quinine after the fourth week of fever, as recommended by Dr. Monroe, when homœopathic remedies failed to reduce the temperature, claiming that appreciable doses had produced fatal congestions when great debility existed. Thursday night was devoted to the organization of a southern association. Dr. Orme opened the ball. He said, in substance, that while his judgement had been and still was opposed to such an organization, just now, it would if successful, be of value to Homœopathy; that if the gentlemen were determined to make the attempt, he would not stand in the way, but would join and do what he could in furtherance of the association, yet at his age he would not be a wheel horse. Dr. Fisher said that less than ten per cent. of American physicians were members of the old time-honored American Institute; that counting the number of southern physicians as 200, we could already count on almost twenty per cent. committed to a southern association; so that his conclusion was that southern men felt the need of organization twice as keenly as did the profession at large. Dr. Monroe said that numbers were a poor index of the power of a scientific association; that a scientific society would be rated by results and not by the numbers in attendance; that a few determined men could often do more in instituting reforms than numbers who lacked energy or abitity. Dr. Jones, Dr. Falligant and Dr. Dobyns followed, all favorable to organization. By this time it was apparent that the sentiment of the convention was in favor of organization. About twenty of the members present signed their names to a constitution and by-laws previously adopted, and the following officers were elected for the ensuing year; Dr. C. E. Fisher, President; Dr. J. H. Henry, 1st Vice-Pres.; Dr. A. L. Monroe, Rec. Sec'y.; Dr Chas. Deady, Cor. Sec'y.; Dr. T. G, Belden, Treas.

Censors: Dr's. Orme, Lee, Henry, Angell and Lopez.

Delegates to American Institute: Dr's. Orme, Fisher, Buddeke, Lopez, Bailey Jr., Henry and Murrell.

Memphis, Little Rock, Jackson, (Miss.) and New Orleans, were suggested as places for the next meeting, the latter was finally selected and the Wednesday and Thursday after Mordi Gras. appointed as the time.

The name of "Southern Homœopathic Medical Association" and the code of ethics of the American Institute were adopted.

Friday morning the general convention again assembled with Dr. Fellows in the chair. The first paper was by Dr. Fisher, on "Medical Legislation in the Southern States." It gave the salient points of the medical laws of all the southern states with their bearing upon Homœopathy, showing conclusively how unjust were such laws as are now in operation in Ala., Va., N. C., S. C., Miss. and Ky. He showed plainly that the states which had laws were just to Homœopathy, were the states in which a few homœopathic physicians had presented their cause to the members of the legislature. He mentioned with pride the recent victory of our system in Texas. Dr. Fisher received the unanimous thanks of the convention for this paper, the most valuable one of the whole session. During it's discussion it was made evident to all present what a crying need there was for the rectification of these laws, a need the extent of which even many present had not realized. There was not a physician present from the states with the offending laws who had not corresponded with scores of northern men who were only deterred from seeking locations in these states by the fear of the humiliation to which allopathic examining boards would subject them. Some have contended that individual effort is all that is necessary in correcting such abuses, but that paper and its discussion persuades me that organization is indispensible in stimulating and giving confidence and method to individual effort.

A paper by Dr. Lopez on the dysentery endemic in that city gave very complete indications for the use of remedies in that disease.

A draft of a paper was presented by Dr. Falligant on yellow fever, from which he intends preparing a treatise on this subject. Many of the remedies and measures he said which experience confirms as valuable in one epidemic signally failing in the next.

During our deliberations letters were received containing affectionate greetings, regrets, and best wishes. Especially were we pleased with the kind and prompt attention embodied in the following:

"The Hahnemannian Monthly and the president of the Hahnemann Club of Philadelphia, extend expressions of fraternal greeting to the new born sister society of the south upon the birthday of the founder of Homœopathy.

B. W. JAMES, Pres. Hahn. Club, Phila.

The physicians of New Orleans and their gentlemanly and enterprizing pharmacist, Mr. T. Englebach, were untiring in their devotions to visiting physicians, for which all were duly grateful. A. L. MONROE.

OUR BOSTON LETTER.

HOTEL VENDOME, BOSTON,
May, 1885.

The monthly meeting of the Boston Medical Society took place on the 19th ult., the attendance being fair. The subject set down for discussion was cholera. Dr. Krebs in opening, related his experiences of the epidemics of 1849 and 1866, and testified to the remarkable efficacy of camphor in small but frequent doses during the first stage. In stage of collapse he found Ars^{3}. best; for vomiting and purging, Veratrum^{3}; for cramps of the calves, Cupr^{3}.; for cramps of abdomen, Coloc^{3}. For the benefit of the juniors, he described the symptoms of the disease, assuring them that, under careful homœopathic treatment, most cases would be cured. In fact, he felt no more anxiety as to the

treatment of cholera than as to pneumonia, no case of which latter he ever lost.

Dr. West, an aged practitioner and clever speaker, who was the guest of the society, upon the invitation of the secretary, Dr. A. J. Baker, addressed the meeting. His elocution was good and language appropriate and forcible. He illustrated his subject by well-told anecdotes. His description of the epidemic of 1849, as he witnessed its effects, in Sacramento, California, was both graphic and impressive, sending a thrill of horror through most of his hearers. He drew a graphic picture of the recklessness of many of the citizens, who passed most of their time in oblivion, through heavy draughts of wine, many meeting their end in that condition. In truth the people were beside themselves from the appalling sights around. The demands upon the profession were incessant, many members, themselves, falling victims of the disease. The speaker, too, was once stricken down, but promptly cured himself with frequent doses of camphor pellets saturated with the tincture. He thought he could not lay too much stress on the importance, during the epidemic, of eating the plainest food and at fixed hours.

Though it was delightful to listen to Dr. West, one speedily perceived that he was of a very sanguine temperament, making rather light of cholera, which, he said, could always be cured in the first stage—an opinion different from that of the majority of the profession, who have encountered this fell disease. In the second stage, he said he had resorted, with good effect, to Secale, Phos. Acid, Ars. and Veratr. He had found Hydrocyanic Acid very useful in the last stages —an experience similar to that of Dr. Sircar of Calcutta, who lauds its use in apparently hopeless cases. To illustrate the powerful effects of fear he related the story of the interview between a mortal and the spirit or ghost of cholera, who, when asked where he was going, replied, in search of 10,000 victims. But later,

when reproached with exceeding that number by thousands, the spirit answered that fear, not he, had carried off the remainder. The doctor also mentioned a particular green hue of the atmosphere, which he and others noticed during that epidemic. He made an effective peroration, professing readiness to meet another visitation of cholera, at any moment, which he would not dread, and also to meet his own final summons when issued. "Thy will be done, oh! Lord, and not that of thine old servant."

Dr. Talbot followed. He had not had much personal experience of cholera treatment, and could not, therefore, offer any hints to the society. But he wished to dwell upon the great sanitary importance of cleansing operations before the hot season. The condition of our streets was excellent, the garbage was faithfully and promptly removed; but the yards of houses, and many alleys, were in a filthy state. It appears no funds have been appropriated by the authorities, for such work, which would have to be provided for, dirt being one of the most powerful predisposing causes of cholera. He proposed resolutions, which were unanimously adopted, calling on the Board of Health to have all such localities regularly inspected, and any nuisance removed. The importance of such action cannot be overestimated, and it is to be hoped appropriations will be promptly made for this purpose. Similar recommendations were made some time ago, by the National Health Conference, at Washington, and the State Board of Health of Massachusetts; but it is advisable to bring the matter before the authorities again.

Dr. Talbot also suggested that the society should print copies of the circular composed and adopted by the American Institute of Homœopathy, containing advice and suggestions for the prevention and treatment of cholera. This paper, which might have usefully contained some details respecting disinfectants, should be widely circulated. The suggestion to boil all the water used, and the milk also,

should have been included. Many English physicians, at the head of whom I might, perhaps, place the editors of the *London Lancet*, believe the cholera bacillus enters the system mostly through the water drank, and advance some powerful reasons for this conviction. They strongly urge that both should be boiled, so as to destroy, in these beverages, any mycetic germ they may contain, even Pettenhofer who does not believe in the contagious theory says: "In places where cholera prevails, the water may always be indited, for the water supply is always part of the locality, and the doctrine will always hold good, because the part may be mistaken for the whole." The milk is often diluted with water by the milk-vender, or the cans rinsed with water, which, if polluted with microbes, would be a source of contagion.

Your correspondent drew attention to the fact that none of the speakers had expressed their views as to the ætiology or causes of the disease, calling upon some of the older members to discuss it. This is a burning question to-day in England and Europe generally. In March and in April last, meetings of the Royal Medical and Chirurgical Society of London were called specially for that purpose, when the statements made and opinions expressed were of the greatest interest. But no one here seemed desirous of treating this phase of the question. Dr. Krebs, however, declared himself a believer in the infectious character of the malady and desired to know your correspondent's opinion on the subject. He replied that it was an open question in his mind, as in that of others, but he briefly gave the theories of Koch, Pettenhofer and Klein, whom he considered leaders in their respective schools.

The question of prophylactics, of considerable interest, also, was not dealt with, except as regards hygienic measures. Both omissions may have been due to the absence of some members who were to take part in the proceedings. Your correspondent also brought to the notice of the society

the fact of a preventive against Cholera, as to which a great deal has been written and spoken. In doing so he speedily stated that he did not ask the society's endorsation of it, but merely wished to elicit the opinions of the members in attendance.

It is generally conceded that workers in copper mines escape cholera (Ricuento, Huelva), and that workmen engaged in the manufacture of copper, enjoy similar exemption. Hahnemann says: "It has, moreover, been found in Hungary, that those who wore next the skin of their body a plate of copper, were exempt from infection, as trustworthy intelligence from that country informs me." Dr. Schmit, physician to the Duchess of Lucca, also testifies to its prophylactic virtues. During the different epidemics in Europe, many people wore copper disks, no case of their failure as a protection being known. There is but one instance of doubt, the case of Dr. Thuillier, the head of the French cholera commission to Egypt, who died last year of cholera. He was a believer in the preventive powers of copper, but whether he wore one is not positively known. The celebrated Dr. Burq, of Paris, the distinguished inventor of the system known as "*Metallo-therapie*," whose untimely death last year science has every reason to regret, closely investigated the subject, and advised the wearing of a copper plate next the skin. He states that the salts of copper destroy the microbes which may enter the system of the wearer of the disk, during the prevalence of cholera. On one occasion he thus protected a whole ward full of patients, in one hospital, in which the prostrate sick of the other wards were being decimated by the Asiatic scourge. He was so convinced of the protective virtues of copper that in 1865 he slyly exposed a number of artificers in brass employed in watch factories near Montbeliand, to cholera, without one of them contracting the disease. Claude Bernard was converted to this theory after those tests. During 1868, at Chicago, Dr. Hoyne used copper

disks with complete success. Dr. Dudgeon, of London, also recommends them.

During the epidemic of 1852 and 1854, your correspondent's father requested the police corps of both the city of Quebec and river adjoining, who daily came in contact with cholera sufferers, to wear a half-penny copper coin at the pit of the stomach, suspended by means of a silken cord. Notwithstanding that both corps had lost members in previous visitations, and some at the beginning of the epidemic of 1852, not a single case occurred after the adoption of this simple-looking procedure. By its use his family and friends were also protected; and during the last epidemic 800 victims were carried off. He also stated that more than 3,000 people in Quebec enjoyed a similar immunity by wearing this coin, a fact to which many can to-day bear testimony.

In a few instances the copper caused diarrhœa and cramps—an experience similar to that of Dr. Dudgeon. The copper in contact with the moist skin becomes oxidized, and in that form is absorbed into the system when it acts on the principle of similia, *i. e.*, preventing or curing diseases which, under different circumstances, it is capable of producing.

Notwithstanding the above facts, this prophylactic probably will be considered ridiculous by many. But does not the importance of this subject, of the discovery and employment of every possible protection and remedy, and the simpler the better for the people at large, call for a thorough test of this device and all others believed to possess any curative virtue?

Whilst the hygienic condition of Boston is fair, compared with that of other cities of the Republic, the hospital accommodation for contageous diseases is very meagre indeed. In fact there is but one building for such cases, and that capable of receiving but 18 patients. With an epidemic here, your readers may imagine what Boston's

condition would be, with a population of 400,000 to care for, the hospital being but an old-fashioned structure built in 1866. The City Hospital in ordinary times receives cases of scarlet fever, diphtheria, pyæmia, septicæmia and erysipelas, refusing cases of small-pox, typhus and scarlet fever, which are sent to the small building of 18 rooms, all of which connect with the corridors. We have here, therefore, danger from personal communication and aerial diffusion of morbific germs, dangerous to convalescent patients as well as to those suspected of contagious diseases. During the last seven years the annual average of scarlet fever cases numbered 1,421, and of diphtheria 1,042. Unquestionably Boston needs another hospital for contagious diseases sufficiently large and well designed to meet the necessities of our situation and immense population. And I am happy to say that the joint committee on health has recently submitted a report ordering that a sum of $40,000 be voted for the construction of a new wing to the City Hospital. I may refer to this question again, especially as regards the danger of contagion from small pox to the residents in the neighborhood of the Hospital.

A public meeting of medical men of this city was held some time ago to consider and adopt measures for meeting the expected cholera epidemic next summer. Various opinions were expressed and conclusions arrived at in the line of sanitary science which may be followed with advantage. A committee was appointed to devise measures to prevent this dreadful scourge reaching our shores. It will, doubtless, suggest the establishment of floating hospitals and the erection of temporary wooden structures similar to those found so useful in Paris last year. Stricter sanitary measures will also likely be insisted upon, with the view of removing all causes capable of contaminating the air of localities, food and water, greater household and personal cleanliness, and thorough inspection of our sewerage and drainage systems.

An International Sanitary Conference will be held at Rome this month, the object being to take concerted action to ascertain the best means to prevent the dissemination of cholera. Much good to humanity must flow from this meeting, and it is with no ordinary interest that we shall await the results of the deliberations of so scientific an assemblage. P. BENDER, M. D.

NEW PUBLICATIONS.

MICHIGAN MANUAL FOR 1885. Prepared and Published by H. A. Conant, Secretary of State.

This legislative manual contains much official information, is well illustrated, and is altogether the best ever issued by the State, for which we are indebted to our efficient State Secretary.

CHOLERA EPIDEMICA. By Benj. Ehrmann, M. D., Cincinnati, Ohio.

This monagraph of 8 pages is *multum e parvo*. It is written by a veteran, one who has been through an epidemic, hence knows whereof he speaks,and our younger members would do well to master his simple but concise and positive treatment.

DIPHTHERIA, CARD REPERTORY OF. By Wm. J. Guernsey, M. D., Philadelphia.

A short time ago Dr. Guernsey gave us a good repertory on hemorrhoids, and now has given us an admirable condensation of the characteristic symptoms of our remedies for Diphtheria in the small space of three pages. Those who aspire to be careful prescribers at the bedside in the treatment of this dreaded disease should procure a copy and carry it in their "visiting list." Price 25c.

AMERICAN MEDICINAL PLANTS. By Millspaugh. Fascicle II. Containing Nos. 6 to 10. Plates 1 to 166.

As this grand work progresses it improves in interest if not in quality. Plate I, Anemone Patens, the Pulsatilla Nuttalliana of Gray, is an admirable specimen of artistic work. The entire Fascicle is well printed; aud he must be hyper-critical who can find much to criticise.

We think every homœopathic physician, especially those who have much country riding to do should not fail to subscribe for this work, so as to be able to readily distinguish our medicinal plants. This is especially true in Michigan whose flora abound in fine specimens of plants in every day use in practice.

THE ANNUAL AND SEASONAL CLIMATIC MAPS OF THE U. S. By Chas. Denison, M. D., Professor of Diseases of the Chest, Medical Department of the University of Denver. Rand, McNally & Co, Chicago. Annual Climatic Map, 58 x 41 inches, $5.00; Seasonal Climatic Map, same size, $5.00.

At first sight it is difficult to comprehend the enormous amount of study and labor required to compile these climatic maps. The official climatic statistics of the Signal Service of the country are here graphically illustrated, and the climate of the United States in all its variations reduced to a practical reality. The temperature, rainfall, cloudiness, prevailing winds, elevations, clear days, relative and absolute humidity, isothermals, etc., may, by careful study, all be learned and the knowledge utilized as a basis for practical advice to invalids who require change of climate. They should be in every well furnished private library and in every physician's study.

THINGS YOUNG MEN SHOULD KNOW. A manual of Anatomy, Physiology and Hygiene of the sexual system; its disorders and their medical and mechanical treatment. By Chas. W. Eaton, M. D. Agents' Publishing Co., Des Moines, Iowa. 771 pp.

In this "appeal to young men," the author has undertaken not only a delicate but a very difficult task; but he has acquitted himself well, and given both the profession and the public the best work on the subject with which we are acquainted. There is yet much in this subject for the profession to learn ere it can occupy its proper place in the body politic, as the conservator of public health. As Dr. St. John Roosa ably puts it: "A doctor is too often considered as a kind of fire extinguisher to be sent for in case of a conflagration, but as rather a useless member of the body politic when there is no crisis." But, *tempus fugit;* and the medical man finds that what would fill the bill ten years ago will not do so to day. The work contains chapters on "Saunterings in Biology," "Reproduction," "The Physical Balance," "Celibacy," "Marriage," "Self-Abuse," "The Venereal Diseases," replete with information and words of advice and warning, while in the appendix of 187 pages is a manual of gymnastics—in fact a complete gymnasium on paper—from which the reader may learn not only how to regain lost health, but by a systematic course of physical training, preserve it intact. Buy this book and *read it.*

HAND-BOOK OF DISEASES OF THE SKIN. By H. v. Ziemssen, M. D., Munich. 646 pp. with 80 illustrations, many of them colored. Wm. Wood & Co., New York.

This splendid volume is expressly prepared for *free presentation*

to the subscribers to "Ziemssen's Cyclopedia of the Practice of Medicine," but in neither size, shape, type, nor binding does it conform to that work, and both in character and quality of contents is without precedent in the history of medical publishing in this or any other country.

When ten years ago Wm. Wood & Co. undertook the publication of the "Encyclopedia" the original estimate was fifteen volumes of not more than 700 pages, on which estimate the price was based. But as the work progressed the MSS. increased to an alarming extent, so that instead of 10,200 pages promised, they actually gave, *without cost to the subscribers*, about 14,500 pages, or over seven volumes more than they agreed, and now they add as a further gift one of the most comprehensive and exhaustive works ever published on the diseases of the skin. Verily, one medical publishing house has more than kept its promises.

The new volume comprises contributions by Prof. H. Auspitz, of Vienna; Drs. Babes and Schwimmer, of Budapest; Prof. Geber, of Klausenberg; Drs. Lesser, of Leipzig; Michelson, of Königsberg; Neisser, of Breslau; Unna, of Hamburg; E. Veiel and Th. Veiel, of Cannstatt; Weyl, of Berlin; and Prof. H. v. Ziemssen, of Munich, the whole being edited by Dr. H. v. Ziemssen, to which is added a full index.

The publishers will esteem it a favor if all subscribers to Ziemssen's Cyclopedia will at once send their present address, together with their address at the time they subscribed, to Wm. Wood & Co., New York.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. Hering, M. D., Vol. IV. American Homœopathic Publishing Society, Philadelphia. 1885: J. M. Stoddart & Co.

Every homœopathic practitioner will be delighted to know that after "a long rest," occasioned by the death of the author, the publication of this master work, the crowning effort of his life, has again been resumed. The editors, Drs. Raue, Knerr and Mohr, in carrying on the work, have had access to his vast collection of MSS, and as a matter of course have preserved the style and many of the peculiarities of the lamented author. The present volume covers Chelidonium to Cubeba, and the remedies treated of are fully up to the standard of previous volumes and if anything better condensed. China is discarded for Cinchona, and covers forty pages; Chininum arsenicosum which had previously but one proving is enlarged by the valuable addition of five provings, from the work of the Philadelphia Clinical Society, while Crolatus is greatly

enlarged by recent additions from Dr. Hayward's admirable monograph, for which due credit is given.

A marked improvement in Volume IV is a prefix of a full list of clinical authorities from which the symptoms are drawn, of which the editors say: "We have added one new feature, however, which will doubtless prove useful to the busy practitioner. At the head of each drug will be found a *clinical index*, giving a list of authorities, and designating the publication in which the full report of each case with its *cured* symptoms may be found." In the encyclopœdia we have the authorities from which the symptoms are derived, and now that similar references are obtainable for the clinical symptoms one objection to the former volumes of the work has been removed. The succeeding volumes will, we trust, rapidly follow each other until the work is completed.

A CYCLOPEDIA OF DRUG PATHOGENESY. Under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by R. Hughes, M. D., and J. P. Dake, M. D. Part I. Abies-Agaricus. London, 1885.

Personally, we welcome this first fascicle of the new work, and wish it abundant success; but we doubt if it fully meets all that was expected of "a condensed and regenerated" Materia Medica. It contains 192 pages, includes the Acids and Aconite, but does not finish Agaricus. It is on good paper and well printed, and the editors have faithfully carried out their published programme. How delicate and difficult a task they had to accomplish is to be seen in the fact, that they have rendered in small type some of the minor remedies. If, in condensation, a remedy is unworthy a place in clear, bold type like the rest, omit it altogether. But that would be both an unwarrantable and arbitrary distinction. Is the printing of Abies and Acetic Acid in small, and Benzoic and Carbolic Acid in large type any less arbitrary? By many Acetic is oftener prescribed than Benzoic Acid, and of the two is considered the major remedy.

One of the chief objections made to Hahnemann's schema, is that it divides the order of the symptoms and for convenience in practice places them under anatomical rubrics, thus rendering it impossible to differentiate the primary from the secondary effects of a drug. In this compilation the day-books of the provers are given; but the editors have neglected to designate primary from secondary symptoms, and as not one practitioner in fifty can make the distinction for himself, one of the chief objects of the publication—the securing of the sequence of the symptoms—is still unat-

tained. Yet this is not a material omisssion, as the designation, if correctly made, would not aid him one whit in curing the sick.

As a work of reference for the teacher and the library, it will be a valuable addition to our Materia Medica; but, for the general practitioner whose wants it can never meet it will be of no practical value whatever, hence it becomes a serious question whether the work can be completed. The editors say: "Publishing arrangements cannot be made until the societies under whose auspices it appears have decided upon its future." We think it extremely doubtful if these two societies so far depart from the legitimate object of their organizations as to undertake the publishing business, for even so laudable an object as this. Can it be made a profitable investment for a publisher? We doubt it.

A SYSTEM OF MEDICINE BASED UPON THE LAW OF HOMŒOPATHY. Edited by H. R. Arndt. M. D. Vol. 1. Large Oc., 968 pp. Hahnemann Pub'g House. Philadelphia. 1885.

At the meeting of the American Institute in Milwaukee, in 1880, Dr. T. P. Wilson called a number of the members together for consultation, with the object in view of writing a "Cyclopedia of Homœopathic Practice." But although favorably considered by most of those present it was never carried into execution. The idea was to have something in our own school of practice, to which our practitioners could refer for etiology, pathology, and diagnosis. It is true many have access to the cyclopedia of Ziemssen with its 20 volumes, Eulenberg's 16 volumes. the French with as many more, Reynold's 3 large volumes, Pepper's large work, and possibly many others; but we had no work in our own school worthy the name, and when Dr. F. E. Boericke announced his intention of bringing out a cyclopedia of homœopathic practice it was hailed with delight.

The work consists of a number of essays by some of the ablest members of our school, on the subjects assigned them, under the editorial supervision of Dr. Arndt, who has done his work well. Like all of Boericke's publications the book is in the highest style of the printer's art. But we think a grave mistake has been committed in giving the indications for remedies in brevier type, instead of the clear, bold, long primer of the text. In fact this is the defective part of the encyclopedia. While the etiology, semeiology, pathology and diagnosis is fully up to the times and a reliable reference for practice, the treatment especially is that of 10 or 15 years ago and does not fully nor fairly represent the science of therapeutics as it exists in the homœopathic school today. In this

particular we regret to say we are disappointed with the work. The indications for remedies are too meagre in number and altogether too general in character. For instance, in the preventive treatment of hay asthma the writer says, (page 127) his "success has not been very encouraging." How could it? In his list of remedies he does not even mention Psorinum or Sulphur and simply refers to Arum t. without giving an indication.

Again on page 184 the author says: "Aconite may be required at the onset, but it is not as powerful a remedy as Belladonna," thus entirely ignoring its homœopathic relation to the case in hand. The statement would have been just as true had the remedies been reversed, because it is the patient, not the disease *per se*, for which he is prescribing. For want of space in this issue we shall refer to the work again.

EDITOR'S TABLE.

DR. C. E. FORD, Pulte, '85, has opened an office at 20 Clinton St., Cincinnati, Ohio.

DR. T. E. RINEHART, Pulte, '85, is in practice with his father at Buckeye Cottage, Ohio.

JAS. C. WOOD, M. D., former partner of Dr. A. I. Sawyer, of Monroe, has removed to Coldwater.

MARRIED.—At Oxford, O., Wednesday, April 22, 1885. Chas. O. Munns, M. D., and Cora S. Bogart. At home after May 5.

D. M. FINLEY, M. D., locates in Clinton, Iowa, in partnership with Dr. E. M. McAffee. We wish him success in his new field of labor.

DISSOLUTION.—The firm of Duncan Brothers. The pharmacy and book publishing business will in future be carried on by Mr. David Duncan.

WASHINGTON HOMŒOPATHIC HOSPITAL, is now an assured fact, as Congress has appropriated $15,000 for the construction or purchase of a building.

MARRIED.—John R. Avery, M. D., who received his degree at the recent commencement of Hahnemann College, Chicago. The doctor locates at Northville, Mich.

THE CENTURY MAGAZINE.—With the May number, the first of the 30th volume, a change in date of issue will be inaugurated. In future *The Century* will be issued on the first day of each month. May issue, first edition, 250,000.

DR. H. C. KEHOE, has formed a partnership with Dr. Righter, Cynthiana, Ky.

MEETING of Ohio State Society postponed to May 13 and 14 instead of 12 and 13 as before announced.

MARRIED at Seattle, March 31st, by Rev. H. Eells, James T. Martin, M. D., of Skokomish, and Mrs. M. M. Huntington, of Seattle. No cards.

THE NORTH AMERICAN REVIEW, for May, contains a very able article by President J. L. Pickard on "Why Crime is Increasing," that medical men would do well to investigate.

THE HAHNEMANN MEDICAL ASSOCIATION of Iowa, meets at Des Moines, May 26, 27, and 28, 1885. Headquarters at the Kirkwood House, and reduced rates for members of association.

IN order to avoid the persecution to which Dr. Fordyce Barker was recently subjected through the instigation of Dr. Flint, Jr., practitioners will hereafter wear their diplomas pinned upon their coat sleeves.

H. H. CRIPPEN, M. D., our London correspondent, after spending some time in the hospitals of the medical centres of Europe is again at home. The doctor spent most of his time at the Royal Bethlehem Insane Asylum in London, and intends to make mental and nervous diseases a specialty.

MR. H. C. LOWRIE, city engineer, Denver, Col., claims to have invented an "Automatic Flusher," for drains and sewers, which is a perfect trap for sewer gas and an effective ventilator for soil pipes. It remains to be seen if the claim be made good. If so, it will meet a want long felt in sanitation.

ARRANGEMENTS have been made by which Mr. Geo. S. Davis the enterprising medical publisher of Detroit, has undertaken to continue the publication of the *Index Medicus*, under the editorial management of Dr. J. S. Billings, U. S. A., and Dr. Robt. Fletcher, M. R. C. S., Eng. We bespeak for it a liberal patronage.

CONFERRING DEGREES.— The commencement exercises of the State University of Nebraska occurred March 19 in the opera house at Lincoln. We believe this is the first instance in the history of medicine in which Allopathy, Homœopathy and Eclecticism have all three appeared on the same common platform. In Allopathy the degree was conferred upon six candidates, in Homœopathy five, and in Eclecticism two.

FOR MEDICAL STUDENTS.—There will be issued by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled "Berlin as a Medical Centre," by Horatio R.

Bigelow, M. D., of Washington, D. C. It is said to be a complete and accurate medical guide to Berlin, giving instructions in reference to boad, clinics, lectures, expenses, etc. The price will be $2.00.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY. With the present number (May), volume 33, of this admirable periodical closes and it ceases to exist as a quarterly. In future it will be published monthly by the "Journal Publishing Club," same number of pages, and reduced in price to $3.00 per year; but the general excellence of its contents will be maintained. We sincerely regret the retirement of its veteran editor, Dr. Lilienthal, whose faithful service and admirable work for so many years, have now at three score years and ten, earned for him a deserved and needed repose. Dr. G. M. Dillow succeeds him.

NOTICE.—Any physicians wishing to become members of the International Hahnemannian Association will please send their applications to the chairman of the board of censors by, or before the next annual meeting of the association at Syracuse, June 23. Blank applications for membership may be obtained by addressing the secretary, Dr. J. B. G. Custis, 604 East Capital St, Washington, D. C., or the chairman of the board of censors. The application must be endorsed by three members of the association, and accompanied by $2.00 for initiation fee, and dues for one year. C. Pearson, M. D., chairman board of censors, 611 12th St., Washington, D. C.

AMERICAN INSTITUTE.—All railroads terminating in St. Louis give the following reduced rates: viz., a one-third fare returning to those who have paid full fare going. For the benefit of members from the East and North we publish the time cards and connections of the principal lines via. Niagara Falls, Detroit and Chicago. Members from New York and New England coming West over N. Y. C., C. S. or G. T. to Detroit, can take in Niagara Falls, arriving there at 7:55 A. M., Detroit at 3:20 P. M, and St. Louis or Chicago the next morning. At Chicago close connection is made with the Chicago and Alton for St. Louis. Members leaving Detroit at 3:20 P. M., via. The Great Wabash Route will reach St. Louis at 8:40 next morning.

AMERICAN INSTITUTE, bureau of medical education.—During the past year few questions have more completely engrossed the attention of the profession in this country than that of medical education, and the legislation which in nearly every state has in consequence been attempted by one or both sthools of medicine. At the ensuing session of the Institute, in St. Louis, this subject

will no doubt be ventilated, and that members may be prepared to discuss it on its merits, there will be but one paper read by this bureau, viz.: that of Dr. J. C. Burgher, on "The Duties of Preceptor to Pupil." True reform begins at home. We trust every member will have something of interest to say and be prepared to say it.

OBITUARIES.

GATCHELL.—At Ashville, N. C., H. P. Gatchell, M. D. The doctor had for some years resided in the South, whither he had gone for his health. He occupied at one time the chair of Physiology in the Cleveland College, and later in the Hahnemann of Chicago, and will be remembered by the early graduates as a most eloquent teacher,

MCMANUS.—Another member of the "Old Guard," a veteran practitioner and a true Homœopath has joined the majority. Dr. F. R. McManus was born in Baltimore, May 30, 1807, and at twenty entered the University of Maryland, receiving his degree in 1829. For over eight years he practiced Allopathy, when he was induced by a clergyman to investigate the new school, and convinced of its superiority, adopted it. He attributed his remarkable success to his careful and firm adherence to the rules of Hahnemann. When he began, the only remedies obtainable in America were the thirtieth centesimal, and he never required any other. He assisted at the organization of the American Institute in 1844, was President in 1848, and for twenty-five or thirty years chairman of the Board of Censors, and, save one meeting, was present at every session of the Institute since its organization. His familiar form and genial spirit will be greatly missed. The physicians of Baltimore paid a graceful tribute to his memory in a series of appropriate resolutions.

VOLUME XV of the ADVANCE ends with the June number. To our contributors and correspondents who have so kindly aided us, as well as those subscribers whose prompt remittance has furnished the "sinews of war," we are under many obligations and return our sincere thanks. Subscribers who have not yet remitted for the present volume will find on the printed address the date to which their subscription IS PAID and will confer a favor by prompt attention, and if possible, prompt remittance.

Professor Robert Koch.

See page 613.

THE
MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

H. C. ALLEN, M. D., Editor and Publisher.
To whom all subscriptions and business communications should be addressed.

VOL. XV. ANN ARBOR, JUNE, 1885. NO. 12.

ORIGINAL CONTRIBUTIONS.

VENTILATION.

ROBERT P. MERCER, M. D., Chester, Pa.*

As the subject of ventilation is one of such magnitude, I shall not attempt to give you an exhaustive treatise, but only to follow up the papers read at a previous meeting of this society, with some of the more practical suggestions for our daily use.

We have already attempted to show the danger arising from the common practice of admitting the ground air into our houses, and the best means to be adopted to prevent its entrance through the cellar; we have also treated briefly of the escape of deleterious gases from sewers and drain pipes, with the disease producing and death dealing properties of which you are all familiar and ready to admit; and this brings us to the subject assigned me for this meeting, of how best to rid our houses of these malarious emanations.

The subject of ventilation cannot be treated of properly except in conjunction with heating, the two being so closely

* Hom. Med. Society, Chester Co., Pa.

allied, and dependent upon each other, as to be inseparable; I shall therefore speak of them both in this paper.

In the first place, because of its importance, and it also being the point at which we closed a previous article, let us consider the matter of ventilation of the water closet, sink and all points where pipes are used for carrying off waste. These should without exception be provided with ventilation, both above and below the trap. That is, the main sewer, or soil pipe, which should be large, should be carried, full size, up through and above the top of the house for five or six feet, and covered with a double conical cap, so as to afford a free escape of gas from the pipe or sewer, and at the same time to guard against back draft which may otherwise take place.

The trap itself should be of the most approved pattern, of which there are many—too many indeed to attempt to enumerate them here—and while they should be provided at every opening from the drain, into the house, they should *never* be relied upon alone, but should be guarded by a ventilating pipe, starting just above the trap and carried into and up through, and above, the smoke flue, and provided with the same kind of cap, as spoken of above, for the soil pipe. The object to be attained by thus carrying the pipe through the smoke flue, is that the pipe being kept warm by the heat of the flue will afford a draft, and any gas escaping through the trap, will in this way be carried off before they shall have entered the house.

One reason, and a sufficient one, why the traps should not be relied upon alone, is because the water in them soon becomes impregnated, and it then affords but little, if any, impediment to the escape of gas from below.

As regards stationary wash stands, the best and only safe place is to banish them entirely from the sleeping and living room.

The bath room and water closet should be in the extreme back of the house, either built separate from the main build-

ing—as is now being done in some of our best constructed houses—or protected by brick division walls to secure the greatest safety.

Before leaving this portion of our subject, I want to say a word or two about country houses, and those not provided with the modern improvements, as we sometimes hear them sneeringly called. In my experience these are about the worst infected, and poorly ventilated, we find; in the place of the water closet, a poorly constructed commode is used and allowed to stand and fester until the whole house is filled with its unwholsome presence, and it becomes even more dangerous, if possible, than the unprotected soil pipe.

And this will, I think, often account for many of those fearful cases of diphtheria and like diseases we meet with in country places, where, if the conclusions arrived at from recent research into cause and effect be correct, we should expect to meet with them in their mildest forms, if at all.

We now come to speak of ventilation in its more general application, and in doing so I shall keep as close as possible to what I consider the most approved plan, and where modifications have to be made for their practical application, care should be taken to keep as near to the plan here adopted as possible.

In the construction of every house, both public and private, there should be provided throughout flues for smoke, heat and ventilation, all starting from the cellar; the first and last, terminating in one common chimney, above the top of the house, and that for heat as high up as the need of the case may require. The ventilating flue should be between the other two, so that it will be kept warm, to secure a draft.

A good hot air furnace should be built in—not set or thrown in—the cellar, of ample size, and made of heavy boiler iron, with well riveted joints, and so constructed as to afford a large heating surface, without exposing it to a

red heat; the fire box should be long, broad and shallow, so as to heat from the surface of the fire. My preference is for the Reynolds or Bartlett heater, as some of you will recognize. Cast iron should be avoided; first, because it is almost impossible to make a joint with it that will be secure against the escape of gas; indeed it has been pretty clearly demonstrated that cast iron itself is not entirely impervious to coal gas; and secondly, it should not be used, because, the construction of cast iron heaters is such that the cylinder is more liable to become red-hot, whereby the air passing over it becomes scorched, or deprived of a portion of its oxygen. Steam apparatus are of late, being much used, and are in many respects preferable; by them a much larger radiating surface can be secured, and a more uniform temperature maintained. It is also claimed for them that they are less expensive for fuel.

A cold air chamber or room should be built adjoining the heater, into which a plentiful supply of pure air from outside should be admitted and from thence into the heater, thereby avoiding the uneven draft that we so often find when a flue is used for a direct conveyance of air to the heater.

The first register opening into the ventilating flue should be in the cellar and care taken that it is kept sufficiently open to secure a constant circulation of air. To secure this circulation, an entrance for fresh air must be also provided. It is important to keep this in mind, because we cannot expect to draw off the air from an airtight apartment, however good a draft we may have in the flue, nor do I know that it would be desirable to do so if we could.

The question, where the register for ventilating a room should be placed, whether near the floor or ceiling, is one upon which there has formerly been much difference of opinion. In a paper recently read before the Homœopathic Medical Society of Philad. the writer, as if to split the difference, puts them midway between the two, and gives as

his reason for so doing, "that while carbonic acid gas is one and a half times heavier than atmospheric air, at the same temperature, it never leaves the organs or tissues of the body of the same temperature as the surrounding atmosphere, but always at a temperature perceptibly higher than the surrounding air," that, "by the time it is cooled to the temperature of the room, it will settle about midway, therefore he would place the ventilator as he does, midway." (Public Ledger, Nov. 22, 1884.)

While this may at first appear plausible, I hold that it is unsound reasoning. While the breath or carbonic acid gas on leaving the *lungs*, may be up to a temperature of ninety-eight and a half degrees, it is perceptibly less at the surface of the body, and if you breathe upon the thermometer held but one foot from the lips it will be found to rise but little above the ordinary temperature of our living rooms, and cannot be pushed above seventy or seventy-five degrees; so with the room at a temperature of sixty-five or seventy degrees, the carbonic acid gas would still be much the heavier and fall to the floor of its own gravity, even were it to maintain a temperature five or ten degrees higher than it really does. Again, the purpose is to keep up a constant motion of the air, to cause it to circulate freely through all parts of the room.

To do this I would place the heat and ventilating registers, of the same size and capacity, side by side, as near the floor as practicable, and for any ordinary room, say fifteen by twenty feet, one register for each purpose will be found sufficient.

The pure fresh air leaving the register at a temperature of one hundred and forty or fifty degres, as it will be found to do, will force its way in a rapid current, until it strikes the ceiling at an angle of about forty-five degrees; it will then be deflected towards the wall on the opposite side, and thence to the floor, and to the ventilating flue, the register of which should at all times be kept open to allow the same

volume of air to be carried off, that enters through the heat register. In this way a constant and regular circulation of fresh, pure and wholesome air, may be kept up in all parts of the room; the temperature more easily maintained and evenly distributed, and with less exposure to currents than by any other means yet devised, and is the principal point in the entire philosophy of ventilation. By keeping the registers, thus constructed, open all over the house, you will find that the temperature throughout will remain at a comfortable summer heat, and be pure and refreshing, with but little if any more coal than will be required to heat one or two rooms at a time.

A register may be placed in the flue at the ceiling if desired, which will serve for cooling the room, and little else; for practical purposes it will not be required, if the above plan is carefully followed.

Any attempt to force the air into the room, with the ventilators closed, can result only in failure, or in driving the impure air of the room back into the heater to be again heated, and sent back for us to breathe over again. This is done, or something very similar to it, by every attempt to heat by steam radiators placed in the room, or even by the ordinary stove, only the stove is less objectionable, as by it a portion of the air in the room is consumed, requiring other air from outside to take its place.

The open grate gives good ventilation, but is open to the objection, that it consumes and carries off the air of the room, without affording any means for a fresh supply; they are very good and convenient for fall and spring, when the doors or windows can be left partly open.

For the summer months when the temperature of the air in the flue is below that outside, the draft is of course shut off, and will no longer act as a ventilator, unless heated by artificial means. This can however be easily done, by a small and inexpensive coal oil heating apparatus kept burning near the top of the flue; but this will not often be

required for private houses, as at this season our houses are generally open and a free and constant circulation of air is going on.

This, Mr. President and gentlemen, is an important subject, much more important indeed than we appear to realize, and should no longer be neglected. The public press has long been agitating the question of our water supply, and important as it is to have a plentiful supply of pure water, why more so than the air we breathe? But the one we are compelled to pay for, the other is free to all. If the vitiated air we are breathing in our houses every day, was furnished to us by the corporate authorities the howl that would go up to the city council would be something terrible to hear.

Let us then awake to the pressing needs of our subject, and each one, and all, make practical application of what we already know, nor cease until we have redoubled our efforts to know more.

POTENTIATION A CONSEQUENCE OF THE LAW OF SIMILIA, AND VICE VERSA.

B. FINCKE, M. D., Brooklyn, N. Y.

(*Concluded.*)

We now proceed to the third element, which is the potentiation of substances used as medicine. Hahnemann went higher and higher till he died. Korsakoff, before Hahnemann's decease, had taken up the subject and opened a new vista which, in his time, was approved of by Hahnemann himself. Korsakoff went as high as 1500. After Korsakoff, Jenichen sacrificed himself for this great cause, reaching as high as the forty thousandth. After him the writer arrived at the five millionth cent. and found the end of medicinal action not yet, as the above mentioned proving and clinical cases prove. Whether there is an end at all the experiment will show by and by. The data given are

sufficient, however, to establish the fact that the high potencies do act and raise the question, how can there be medicinal power in a five millionth cent. potency?

The answer requires an extensive disquisition which would surpass the limits of this paper, and there is doubt whether it would satisfy the questioner. For a child may ask a question which the wisest man cannot answer. Let us, therefore, avoid for our purpose the idle question and rather ask: If there is medicinal power in a five millionth centesimal, what follows from it for practical use? —a proceeding which amounts to the Baconian method of induction without which we always will get into a slough of despond—there is this fact that a palpable substance, which we perfectly know, has been brought in contact with an immense mass of inert vehicle five millions of times in the proportion of one to a hundred.

There is the other fact, that such a distribution of its medicinal force to the five millionth cent. potency acts upon the human organism both in health and disease.

There is another fact, that the characteristic medicinal action of the substance from which the potentiation has been started, is clearly discernible in the proving and the healing of cases. Thus the identity of the substance is proved through the whole series of the five million potencies.

There is another fact, that the chronoscopic and electromagnetic Neural Analysis proves the potentiality of such high potencies by the visible action of the nerve system.

And these facts form the third element of our induction and prove conclusively that it can not possibly be the matter of the substance used for potentiation which is exerting its force upon the living organism, but it must be something else for which we have no other means of finding a reasonable explanation than the analogy of the spiritual and psychological facts which likewise can not be referred to the operation of matter upon matter.

There need be no faltering on the part of the Homœo-

pathician on account of the dicta of the natural sciences. They have presumed too much in one way, and yielded too much in the opposite way. They have declared that spiritual matters transcend their horizon as naturally they should, and have raised their ignorance to the dignity of a principle. No light can be expected from that quarter for our practical questions. What follows from the homœopathic fact of potentiation? In what relation does it stand to the general Hahnemannian Law? It follows that there must be something in the body of man which is capable of being affected by such immaterial potencies as are produced by potentiation of palpable substances. This something can only be the nerve-system, because the application of the potencies produces different symptoms according to the direction of the specific relation to the organism, just as the light galvanic current in the electro-magnetic analysis shows a varying resistance on the part of the nerve-system. It follows, that, since the impression of the potency upon the nerve terminations cannot be a material one, because no matter is concerned in it, there must be a system standing beyond the nerve-system, in intimate connection with it, and in continuous control of it through life, by which the functions are regulated, acting similarly as the medicinal potency, not by material processes, but in a spirit-like manner. This something is what Hahnemann terms vital force. Hence it might also properly be termed *nerve-spirit*, and it would be a legitimate physiological designation, as the combination of all the physiological functions or the resultant of the vital functions of the organism. This is what Hahnemann so admirably described in Sec. 9: "In health the spirit-like force (autocracy) which as dynamis animates the material body, rules absolutely, and holds all its parts in admirably harmonic course of life in sensations and activities, in such a manner, that our indwelling rational spirit can use freely this living sound instrument, for the higher ends of our being."

Thus by the strict inductive method of Hahnemann we are of necessity driven to acknowledge the existence of an immaterial power, called the vital force or *nerve-spirit* from which Hahnemann deduced the law of the homœopathic science, viz., (1) The law of similia similibus curantur; (2) The law of the properly potentiated dose, and they are so intertwined by their logical interdependence of one another that they cannot be separated without jeopardizing the truth, and doing injury to common sense.

If there would be no Similia, there would have been no potentiation. As soon as Hahnemann discovered that it was the vital force which substitutes the pathopoesis to the pathogenesis, he needed a remedy which would disappear in the substitutive process and this could only be one which was similar in its utterance though different in kind (Sec. 26), viz., an immaterial remedy which he very appropriately called a potency. It does not weaken the force of the argument, that his mode of arriving at the discovery of potentiation was experiential and experimental, on the contrary, it can only strengthen the Hahnemannian position, because it led him to the wise demonstration of the healing process by the inductive method, and in this scientific way was found that true reason of the homœopathic law in the mathematical and philosophical postulatum for comparison that things can only be compared if of the same kind. It does not matter that we here have to deal with psychological realities, which are immaterial; they are as real in their way as any material things subject to gravitation. These realities are here, on one side the spirit-like action of the vital force, and on the other side the spirit-like action of the potency. They, certainly, are of the same kind in regard to the spirituality of their action, though different in as much as the vital force belongs to the organism over which it exerts its control, and the potency to the substance from which it has been abstracted. The Similia could not be known except by the action upon the vital force. We

merely observe symptoms from disease, and these symptoms are the result of the negative change of the vital force by the positive action of potencies known and unknown.

But if Hahnemann had not discovered Homœopathy, we would not know that these symptoms are Similia of similar changes of the vital force, brought about by potencies developed homœopathically from well-known substances. Now, by the homœopathic application we know that these potencies are the opposite positive Similia which, when brought in opposite action by the administration, neutralize the opposed Similia of the body by substitution and the overaction of the least plus of the potencies, and restore the negative change of the vital force to its neutral normal condition of health.

Consequently the position taken in this thesis is in full accord with the general law, pronounced by Hahnemann in Sec. 26, and it follows necessarily, that the law of Similia is a consequence of potentiation, for without potentiation there would be no Similia; and potentiation is a consequence of Similia, for without Similia there would be no potentiation.

Ceterum censeo macrodosiam esse delendam.

FATAL ERRORS.

AD. LIPPE, M. D., Philadelphia.

It was a fatal error when the American Institute of Homœopathy became a sponsor and ordered the publication of a revised Materia Medica. It was a fatal error to leave the editing of it to Richard Hughes, M. D. and J. P. Dake, M. D., with the aid of a consultative committee.

We have now before us the first part of what is termed *A Cyclopedia of Drug Pathogenesy.* The title is also a fatal error, of which any one who looks into this volume will soon be convinced. Richard Hughes, M. D., has been

finding fault with Hahnemann's omission to publish, in connection with his Materia Medica Pura, the day-books of the provers; he seems not to know under what painful pecuniary circumstances these masterworks of the founder of our school were published. He did not appreciate the large pecuniary losses of the enthusiastic publisher, Arnold, who became a convert to the new Healing Art as practiced on him by Samuel Hahnemann, and grateful for the immense benefit he received from the great Healer, he sacrificed his money freely, so that others might be instructed by the great man, and enabled by means of a Materia Medica to apply the law of the similars for the cure of the sick. It is also a fatal error to suppose that the laborious work of formulating the provings of drugs into a systematized form showing plainly and comprehensively the sick-making properties of drugs, could be better made to-day by others than by Hahnemann himself, who carefully and personally examined every prover before accepting his provings. It is a fatal error to suppose any one this day is better able to clearly point out the characteristic symptoms of drugs and their strong clinical indications, than Hahnemann did in his prefaces to the various drugs in his valuable works. Nevertheless we have heard the chairmen of bureaus of Materia Medica of the American Institute of Homœopathy unceasingly preach of the necessity to *revise* our Materia Medica.

The only introduction or preface to this singular work is to be found on the inside of the title-page in the shape of the instructions adopted jointly by the American Institute of Homœopathy and the British Homœopathic Society. These instructions have been reviewed before, but on this solemn occasion when the first fruit of the labors of the learned executors of these instructions is laid before us, let us dwell for a moment on the ninth instruction. It reads: "*Include symptoms reported as coming from atten-*

uations above the 12th decimal only when in accord with symptoms from attenuations below."

What could we expect from our learned colleagues who accepted such a superlatively illogical and therefore absurd instruction? It is plainly admitted that attenuations above the twelfth have been reported to have produced symptoms; if all the symptoms so produced are not in accord with symptoms from attenuations below, they must be excluded. The fact is, that the Vienna provers of Natrum muriaticum did obtain many symptoms from attenuations above the twelfth, and if the compilers of the ninth instruction will condescend to examine the results of these very carefully made and valuable provings, they will find that the symptoms made by the lower and higher (30th) potency vary much, but they are all in *accord*—there is an easily comprehensible analogy between them; and according to the testimony of Dr. Watzke, these symptoms obtained from the provings of the thirtieth potency, are by far more valuable for clinical use than those obtained by lower potencies. If there is an unmistakable *analogy* between the various results of different potencies, then they are in *accord*. If, as it seems, by accord was meant *the same*, then the expression is a fatal error; and even if it was the intention of the unfortunate men of learning to exclude if possible all the provings above the twelfth, they again commit a fatal error, as it is a fully established fact that there is sick-making and curative virtue and power above the twelfth potency, all the assertions of Drs. Hughes and Dake to the contrary notwithstanding. Nay, we go much further, and say, that we do know from the clinical experiment that there has not as yet been made any potency that was not capable of sick-making and curative virtue.

Of what use will a work like this *Cyclopedia of Drug Pathogenesy* be? By the diligent study and use of Hahnemann's Materia Medica, his Chronic Diseases, and the similar works of his followers, the homœopathic Healer

was able to demonstrate the superiority of Hahnemann's methods over all other methods of cure; he also demonstrated that the law of the similars properly applied was like all natural laws, an infallible Law. And now we are apparently invited to quit our best guides, abandon our old friends, and operate from a new basis, viz., by the *Cyclopedia of Drug Pathogenesy.* That may suit some people, but we feel ourselves compelled to differ entirely from such men of learning as Drs. Hughes and Dake and their consultative committee; and we must declare this new effort to supersede the labors of men who made our Healing-Art what it is, *a fatal error.*

What the homœopathic Healer does want is a collection of the accumulation of characteristic symptoms of drugs, the result of the clinical experiment. We want more good provings, we want additions to our stock of drug knowledge, but we must consider all efforts to "revise," "weed out," and "purify" our Materia Medica, as fatal errors. The latest works of the late Dr. Hering show in what direction our Materia Medica can be made most useful; his renditions of Stramonium and Nux moschata are masterworks; and what would be the outcome of these great works if such vandalism as Drs. Hughes and Dake persistently talk about were applied to them?

It is to be hoped that the members of the American Institute of Homœopathy will become satisfied that they were led into one fatal error when they became sponsors to the utterly useless work before us, and hereafter allow these active reformers to pursue their course consistently, and burthen our literature with as many fatal errors as they see fit. The Homœopathicians cannot utilize these fatal errors; they may do as a sop for the common school of medicine, thrown by the "recognition seekers," but even that sop will in the course of time prove itself to be a fatal error.

ASIATIC CHOLERA.

J. B. HAWLEY, M. D., Phœnixville, Pa.

After an extensive experience in the home of that disease, Dr. Chas. Macnamara, who furnished the article upon the subject for Quain's Dictionary of Medicine published in 1883, defines Asiatic cholera as "a specific disease, characterized by violent vomiting and purging, with rice-water evacuations, cramps, prostration, collapse and other striking symptoms; tending to run a rapidly fatal course; and capable of being communicated to persons otherwise in sound health, through the dejecta of patients suffering from the disease." "The disease is endemic in certain parts of British India, where from time to time it assumes a virulent type, and is apt then to spread along the great lines of human intercourse, and so to extend over the world."

The violent symptoms are generally preceded by premonitory diarrhœa, sometimes continuing for two or three days, but in some extreme cases "the attack is so sudden, that, from a state of apparent good health, or with a feeling of only trifling ailment, an individual sustains as rapid loss of bodily power as if he were suddenly struck down, or placed under the immediate effect of some poison; the countenance assuming a death-like appearance, the skin becoming cold like that of a person already dead. The pulse is either feeble, fluttering, intermitting or lost; a livid circle is observed around the eyelids; the eyes are sunk in their sockets; the tongue is cold, and either clean or covered with a slight white fur; and in many instances even the breath is cold. In the less rapid, and more ordinary form, sickness at the stomach, slight vomiting, or perhaps two or three loose evacuations from the bowels, which do not attract much attention, mark the commencement of the attack; a sense of burning heat, soon felt at the præcordia, excites suspicion of the disease; and increased purging and vomiting of the peculiar liquid gives certain indication

of its presence, if this has not been previously declared by the prostration of strength, and an expression of countenance not often exhibited, except when death is to be expected within a few hours."

It is believed that this dreaded disease has existed in India for several centuries, but it first visited Europe in 1829 and 1830, after having raged throughout a large portion of Asia for twelve years. Following the route of travel it attained its greatest virulence in this country in 1832. Since that time it has made three several circuits; accompanying the British forces from Calcutta to China in 1840 and 1841, it spread through the Chinese and Burmese empires, and continuing its westward course through Persia to Russia and Europe, it reached America in 1848. The next year it again raged in Bengal, and following the same route, the more rapid commercial intercourse brought it to our shores again in 1854; and for the fourth time it performed its accustomed journey from 1861 to 1865.

In the interim, cholera has appeared epidemically and sporadically in some localities, both in this country and in Europe, last year becoming epidemic in southern Italy and France, finally invading Paris before the cold weather of approaching winter arrested its violence, though in some portions of that city some fatal cases occurred in February. According to all precedent we may expect it to visit some of our seaports in a few weeks or months at farthest. In fact a vessel laden with rags arrived in Boston harbor, with cholera on board, about two weeks ago, two victims of the disease having been buried at sea during the voyage.

In 1849 M. Bréant left to the French Academy 100,000 francs to be given as a prize to the one "who should discover some treatment which should cure Asiatic cholera in an immense majority of cases, or point out the causes of Asiatic cholera, so that, in leading the way to the suppression of the causes, a stop should be put to the epidemic; or finally discover a certain prophylaxis, as evident as, for

instance, vaccinnation against small-pox;" the papers to be presented by June 1st, 1865. Though the applicants for the prize were numerous, in the beginning of 1866 Velpeau declared that "we," the French Academy members, "do not understand the therapeutics of cholera," in evidence of which he pointed to the fact that "the Prix Bréant was not yet adjudged," and it is believed that the prize still awaits the discoverer. As many different opinions, prophylactic and therapeutic, were presented as prevail now; some believing it to be an asthenia of nerve function, requiring tonic treatment, but a large majority adopted the germ theory in some form, and the eminent French biologist, Pacini, recently deceased, by means of a rudely constructed microscope, discovered and described the vibrio now known as the comma bacillus of Koch. The chief source of infection was supposed to be the water drank, and I believe that theory is not without supporters now. One advises enormous quantities of drinking water, 20 pints or more in 24 hours; another, stimulating baths; another a liquor of absinth; while Dr. Macnamara in the Medical Dictionary, says "stop the purging," relying upon Opium and Plumbum aceticum for the purpose, and "the patient should be prohibited from drinking water or other fluid beyond that which he gets from ice." All of the proposed methods of preventing the spread of epidemic cholera appears to be based upon the septic theory of the disease. At a conference held in Vienna, a large majority of those present decided that quarantine is inapplicable to the circumstances of cholera, and local sanitation is chiefly relied upon to stay its progress.

At the meeting of the County Medical Society of Philadelphia, held during the past winter, the hygienic commission recommended the destruction of the cholera germs, as soon as removed from the body of the patient, as of first importance, by removing or burning all refuse, and purifying all drains with a strong solution of copperas, two pounds

to the gallon of water; also two parts to a thousand of Merc. bich., or as we have it Merc. cor. sub., with the same proportion of Natrum mur. Under the auspices of the United States Government, Professor Doremus of New York, conducted a series of experiments upon infected rags, in which he tested the comparative merits of Sulphurous acid gas and steam in destroying the infection, and in every case steam was found to be perfectly efficacious, while the poisonous gas was not. Rabbits were inoculated with the bacteria from the different bundles of rags, and one class died, while the other was uninjured. He declares that "the fever and pestilence-breeding bacteria that infest waste pipes and refuse heaps can be thoroughly destroyed by steam. Accordingly arrangements have been made with the steam heating company to flood the waste-pipes of New York City with steam, for the purpose of destroying disease producing germs.

At a meeting of the Camden County Medical Society of New Jersey, held February 10th, ult., at which were present some of the faculty of the University of Pennsylvania and of the Jefferson Medical College of this city, Dr. Stevenson, of Haddonfield, read a paper in which he said that cholera is not so much to be dreaded from infected persons as from infected localities. Dr. Hunt, Secretary of the New York State Board of Health, thought it unnecessary to cause a panic by proclaiming that the disease would visit our shores, but simply to make preparation to meet it. Everything should be done judiciously to deprive the disease of its violence, and safeguards placed to prevent its spreading, and thorough and efficient sanitary regulations should be enforced by the proper authorities," but he appears to have been eloquently silent as to the nature of the safeguards and sanitary regulations; and the resolutions to govern the residents of the county relative to the methods of sanitation reported by the sub-committee appointed for the purpose, were after discussion referred back for revision.

Dr. Tyson, Dean of the Faculty of the University of Penn., made some suggestions as to the treatment of cholera patients, and advised the use of quinine, believing that it would prove beneficial, as it had done in cases of Chickahominy fever which is almost identical with cholera, in which Dr. Pancoast, of the Jefferson Medical College concurred.

These references are made without further comment to illustrate the status of opinion in our midst, in the dominant school of medicine.

Were I capable of doing so it is unnecessary to discuss the microbe theory of the disease as nothing is positively determined as to the place of bacteria in disease.

I am aware that Koch has sent specimens of the comma bacillus to this city and other places in this country, and that he has shown it to be always present in malignant cholera, yet he asserts that bacilli cannot pass a healthy stomach, the gastric-juice destroying them.

At Marseilles, where the cholera raged with greatest violence and remained the longest last year, the cause was investigated by the most distinguished medical authorities, who wholly dissented from the microbe theory; while their existence in cholera cases was admitted, they were not considered the cause but the effect of the disease. Lack of ozone in the atmosphere was found to aggravate the scourge, and its artificial production in hospital wards, reduced the number of deaths below that of other wards in which the natural atmosphere was inhaled. Quarantine was ineffectual, and the best preventive, as well as the best remedy for cholera was prompt medical attendance, directing, not only the care of the patient, but the proper use of food, ventillation and disinfectants. In Naples the disease was pretty much confined to the inefficiently drained parts, and in Genoa the chief cause of the disease was impure drinking water.

With one more reference which presents the subject in

a somewhat different aspect from the others, I will pass to that which most concerns us as practitioners.

In a letter to the London Times about twenty years ago, Dr. John Chapman gave an interesting account of the result of his treatment of cholera patients at Southampton by the application of ice-bags to the spine. He believed that the nausea, vomiting, copious rice-water discharges, cold sweats and peculiar odor from the body, as well as the similar phenomena, in less degree, of summer diarrhœa and sea-sickness accompanied with diarrhœa, are due to the combined action the hyperæmic spinal cord and sympathetic ganglionic centers. It is neither contagious nor infectious in any sense whatever except through depressing influences, such as fear, and may be completely averted or cured by modifying the temperature of the spinal region. The cold must be dry, and continued along the center of the back until the cramps and algid symptoms have disappeared. If cerebral or pulmonary congestions occur, the development of which will be facilitated by continuing the ice too long, they must be subdued by applying double columned water-bags, at a temperature of 120° along the lower part of the neck and between the scapulæ. It may also be applied in the same way to induce sleep.

In a communication to the World's Homœopathic Convention held in Philadelphia in 1876, Dr. Rocco Rubini of Naples, Italy, calls attention to what he calls epileptic cholera which would seem to corroborate in part the theory of Dr. Chapman.

If we compare the practice of the dominant school of medicine when the disease first appeared in Europe more than half a century ago, with that of its adherents at the present day, it will be seen that the light thrown upon the cause, prevention and cure of malignant cholera is not commensurate with their scientific assumptions, and the abundant opportunities for investigation afforded them in their

public hospitals, both municipal and military, and the large clientage which they have controlled.

Whatever improvement has been made is in hygiene and general sanitary regulations rather than in therapeutic science, in proof of which see *Hooper's Medical Dictionary and Mackintosh Practice of Physic*, which were standard works thirty-five years ago, and *Quain's Medical Dictionary*, a standard now.

If we turn to the records of the followers of him whose natal day we now honor, we find that the death rate from cholera, as in other epidemic diseases, has been materially diminished by therapeutic means. One of the most conclusive proofs of the truth of the great law was furnished by our founder, by applying it to the treatment of cholera before he proclaimed it to the world, while his provings were yet in manuscript.

The fearful scourge was raging in the Russian army and the regular treatment availed nothing, when it is said he spent the night in taking the symptoms, and witnessing the deaths by hundreds around him; then he compared the symptoms with his recorded provings, and selecting two remedies, which, so far as is known had never been prescribed for cholera before, Cuprum, and Verat. alb. he went among the sick and dying, and by their administration arrested the havoc in so large a majority of cases as to astonish all who witnessed the effect. Since then Homœopathy has shown a superiority over Allopathy whenever brought into comparison. For instance in 13 English hospitals during 1849, and 1854 the average mortality from cholera was 43 per cent. The Registrar General reported the mortality in the hospitals of London in 1854, to be 51 per cent. and in private practice 42 per cent. In one American and eight European hospitals in the years 1831, 1849, and 1854, the average mortality was 54 per cent. The General Board of Health of Edinburgh, and Leith, Scotland, reported the rate of mortality from Oct. 4th, 1848, to Feb.

1st 1849 to be over 66 per cent. The lowest rate, under allopathic treatment, in Russia, Hungary, Vienna and Bordeaux, during 1830 and 1831, was 34 per cent.

The records of homœopathic treatment in six European hospitals during the years 1834, 1849, and 1852, show a death rate of 27 per cent., and in the London homœopathic hospital in 1854 the mortality was 19 per cent.—you will remember that during this same period, the other was 51 per cent. in the London hospitals. Dr. MacLoughlin, Government Medical Inspector, reported to the British House of Commons in 1855 that the average rate of mortality from cholera under homœopathic treatment in 1854 was 17 per cent. In this country during the prevalence of the disease in the years 1831-32, 1849, and 1854 the rate of mortality from cholera under homœopathic treatment did not exceed 10 per cent. Taking the average of the above statistics we have 43 per cent. mortality for them and 18 per cent. for us.

Among the principal remedies mentioned in our literature are Aconite tinct. Arsenicum alb., Camphor, very low, Cuprum met., and Veratrum alb. According to provings made several years ago by Dr. Honat of Paris, and Dr. Burt of Chicago, Dr. Lilienthal suggests that Robinia pseudacacia has more of the symptoms of cholera than any other remedy in the Materia Medica.

Probably there is no other remedy for cholera so popular as Camphor, as it is one of the ingredients of most of the specifics for that disease in vogue, and is extensively used as one of the principal remedies, by our school. Dr. Rubini of Naples, already quoted, considers it a specific if prepared by his method and given in strong and repeated doses. In three different epidemics, he treated more than 700 cases all of whom recovered. He took equal parts by weight, of camphor and rectified spirits of wine, and if the camphor is not all dissolved the alcohol has not been well rectified and the preparation is not good. Of this saturated

tincture he gave five drops on a lump of sugar night and morning, to a healthy man, as a preventive. Four doses daily promptly cured every case of cholerine. When the cholera had reached a confirmed algid state, it is to be repeated every five minutes until reactionary fever and abundant sweat sets in, when we may expect a speedy and miraculous cure. In some cases 10, 15, 20, and even 30 drops were given at a time until the reaction and perspiration ensued.

These positive statements seem to lose some of their force when he tells us that, "it is necessary that the remedy should be taken in the first moments of morbid invasion. If the disease is allowed to advance until the blood loses its lymphatic portion then death is inevitable, on account of the coagulation of the blood in the venous anastomoses."

While Camphor is a valuable remedy in many cases of cholera, it is no doubt as necessary to individualize our cases and the remedy in this as in all other diseases which we are called to treat.

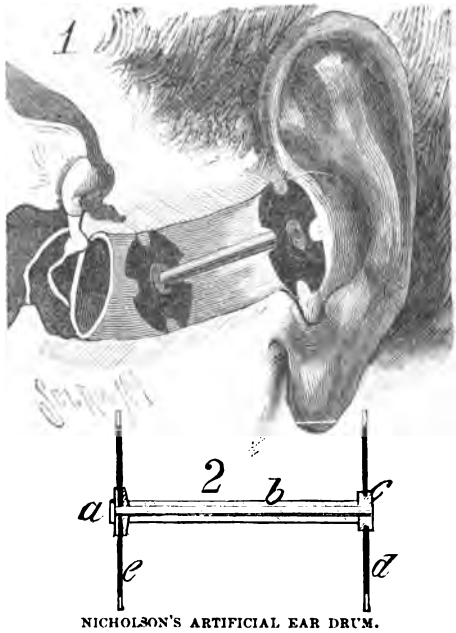
I have been called to treat but two cases of the disease both of which were sporadic. The first was in 1854. The subject a middle aged lady who had just returned from cholera infected New York City, much fatigued by a journey of 24 hours the last ten of which was in a stage coach. It reached the algid stage, but yielded to treatment, Veratrum alb. and Ipec. being the chief remedies used. The next was in 1863. A factory girl, overcome with excessive heat and fatigue, drank inordinately of cold water, cramps, and involuntary rice-water discharges were among the chief characteristics of this case which yielded promptly to Aconite rad. as recommended by Dr. Hempel. Two drops of the strong tincture of the root in a tumbler half full of cold water, and give a teaspoonful every few minutes until relieved.

Without neglecting sanitary precautions, let us not forget that in our Materia Medica we possess an armament of

weapons for the destruction of the enemy even when he has passed all the barriers against him if we but study it carefully in its relation to the symptoms of the disease, and then deligently apply the homœopathic remedy.

ARTIFICIAL EAR DRUM.

The object of the invention herewith illustrated is to provide an artificial ear drum to be used by deaf persons. It is constructed of a magnetized steel rod, provided, with a gold or silver covering, carrying a soft rubber disk on each end; the disks are held in place by gold washers, and are formed with ventilating apertures and notches. The magnetized steel rod, *b*, is surrounded by a closely fitting



NICHOLSON'S ARTIFICIAL EAR DRUM.

gold or silver tube, and at one end is the head or button, *a*, against which rests a rubber washer. Between this washer and a gold one the disk, *e*, is held. On the opposite end of the rod a thin soft rubber disk, *d*, is held by two gold wash-

ers, c. That end of the device carrying the soft rubber disk, *e*, is inserted in the auditory channel (Fig. 1) of the ear until the head, *a*, adjoins the delicate organs of the ear. The magnetized rod receives the impulses of the air wave, and carries them along and discharges them to the nerve of the ear with slight magnetic force, causing the organs to assume increased action. The disks hold the device in position, and protect the organs from coming in contact with the gold parts. The front washers, *c*, or disk receive the sound waves, and convey them to the rod. The outer disk is held on the outside part of the ear, just out of sight but within reach of the fingers, to permit inserting and withdrawing the instrument.

This invention has been patented by Mr. John H. Nicholson, of 93 Clinton Place, New York City.—*Scientific American.*

PROFESSOR ROBERT KOCH.

Dr. Robert Koch, the eminent microscopist, recently appointed a Professor in the University of Berlin, was born in 1843, and became a Doctor of Medicine in 1866. From the time he began to study medicine, he made microscopic investigations a specialty, especially in the direction of parasites and bacteria, in which he introduced new methods of observation that have greatly facilitated the study of minute organisms.

When the cholera was raging in Hamburg, in 1866, he was sent to that place to conduct observations as to the cause, etc., of this disease. Prof. Virchow had suggested that the scourge might be due to a parasitic organism, and Dr. Koch exerted his skill in an attempt to discover its nature, but without success. Shortly afterward he went to Breslau, where he claimed to have discovered the spleen bacillus and its peculiarity in producing inflammation. While at the head of the microscopic department of the

Imperial Health Officer, he announced a discovery that created no little excitement in the medical world--that of the *bacillus tuberculosis*.

Two years ago, Dr. Koch went to Calcutta and in the Delta of the Ganges, determined to seek for the cause of cholera at its supposed central origin. He found a micrococcus in the intestines and excrement of choleraic subjects, which from its resemblance in shape to the comma he called comma-bacillus. After several unsuccessful attempts he finally succeeded in propagating it artificially, and came to the conclusion that he had at last found the real cause of cholera contagion. His recent observations at Marseilles and Toulon, have tended to confirm his belief in the existence of the cholera bacillus; but it is proper to state that many other, and equally eminent scientists wholly reject his views. They claim to have found the comma-like micrococci in conditions other than cholera, and, also, in the excrement of healthy persons; while Dr. R. R. Gregg of Buffalo contends that the so-called bacilli are nothing more than particles of fibrin in certain stages of disintegration.

OUR BOSTON LETTER.

HOTEL VENDÔME,
BOSTON, MASS., May, 1885.

Our spring has been late, cold and variable, retarding vegetation and producing a good deal of sickness. Summer has burst upon us this week, however, advancing all kinds of plants and crops enormously, and causing the trees and shrubs to put forth their robes of living green. The appearance of city and country is already much improved, in consequence, freshness and beauty in our gardens, parks and fields replacing the aspects of barrenness and gloom.

Disease in our midst, however, continues sadly active. Pneumonia and respiratory affections are still very prevalent. In March the deaths from the former were 153, and in April 180, while in the same months of last year they

numbered but 80 and 80, for the same periods. This month the mortality from the same cause will be nearly as high. I must report, also, that zymotic diseases are more numerous than usual, especially scarlet fever and measles. An aggravated type of inflammatory rheumatism has too prevailed; and, of late there is an outbreak of small-pox—some eight cases with one death. Naturally some alarm is felt lest it should spread; but stringent measures of isolation and disinfection have been adopted, which it is hoped will result in destroying the germs of the disease and averting an epidemic.

As all are aware, we have in vaccination an almost absolute preventive of small-pox; but, unfortunately, we have in our midst a number of deluded people, known as *vaccinophobists*, who will not avail themselves of this prophylactic, believing or pretending to believe that it is worse than the disease. We have also an indifferent class, averse to any action to ward off disease if it entail inconvenience or suffering, with whom prevention *is not* better than cure. Through both, much mischief may be done.

I do not know that we need better evidence of the value of vaccination than the statement of the complete immunity from small-pox we have enjoyed in this city of late years; but its present re-appearance shows the protective influence of vaccination has diminished somewhat, and needs restoration or renewal.

To impress the doubters and indifferent, in connection with the prophylactic efficacy of vaccination, I shall cite some recent facts and statements published. Dr. Marson, who has been head medical officer of the London Small-pox Hospital for more than 35 years, says he never knew a nurse or servant to contract small-pox, for his rule had been to re-vaccinate the employes the moment they entered the hospital. Although in daily contact with the disease, they experienced complete exemption. During the epidemic of 1881, the only person who was stricken with

the disease on board of the Atlas Small-pox Hospital, where there were 90 and other attendants, was a housemaid who had not been re-vaccinated. For the last thirty years re-vaccination has proved effectual in the case of all the attendants of the Highgate Small Pox Hospital, with the exception of one who refused to be vaccinated, contracted the disease and died. The local Government board of London, in a pamphlet issued last year entitled "Facts concerning vaccination," stated that "none of the nurses at any of the London small-pox hospitals who have been duly re-vaccinated before entering on their duties have ever caught small-pox."

It is estimated that nine-tenths of those who have not been vaccinated will contract small-pox, the mortality among them, according to Dr. Gayton's tables for all ages, being 45, 2 per cent. He also gives the mortality among the vaccinated, "with good marks on the arm from vaccination, irrespective of their number, as 2.6 per cent.; with imperfect marks, irrespective of number, 9.37 per cent." Such facts speak for themselves.

The opinion gains ground daily that if vaccination be perfect in childhood, and successfully repeated before puberty, almost absolute security from small-pox is obtained. At any rate, small-pox after vaccination is of a very mild type, as every member of the profession knows. Re-vaccination should be persisted in until it has taken. I know some physicians consider a second re-vaccination unnecessary; but, like many others, in perils of this kind, I prefer to make "assurance doubly sure."

An important paper was read a short time ago before the Society of Arts of London, by Surgeon Major Robert Pringle, a short synopsis of which may interest your readers. It was entitled: "The Ancient and Modern Methods of treating epidemics of Small Pox in India." The ancient is, of course, inoculation, and the modern vaccination. The practice of the former in India dates from, one might

say, time immemorial, while the latter has been in force less than a quarter of a century. Dr. Pringle accounts for the mildness of inoculation as compared with those of spontaneous small-pox as follows: "The process of this accidental small-pox cultivation consisted in the lymph being carried on through many transmissions till the cultivated product resembled in its action cow-pox lymph, and only produced local symptoms at the point of insertion, or else, so rarely a small-pox eruption, as to make its appearance quite exceptional—thus corresponding in a remarkable manner with the common and destructive outbreaks of sheep-pox and the rare and mild cases of cow-pox." This illustrates the theory upon which Pasteur's researches have been prosecuted in a field of experimentation which has yielded such extraordinary beneficial results and which is likely to be followed by still greater boons to humanity. Dr. Pringle tells us that owing to climatic causes, high temperature, vaccination cannot be practiced in India from April to October, and acquaints us with his method of renewing his vaccine supply, which he calls "retrovaccination," and consists in vaccinating a calf and taking the lymph from the eruption. In this way he perpetuates his supply independently of National Vaccine Establishments, which are not accessible in the East. In reviewing the merits of the two prophylactus the Doctor says: "While the practice of inoculation no doubt kept up the disease of small-pox, and was dependent on its presence for the virus required for its operations, yet, even imperfectly as it was carried on, it was nevertheless a very great boon to the population, as it could be practiced throughout the year. In the practice of inoculation, he said, the repetition of the operation at any future period of life was never thought of, and in this, according to the generally, and indeed latest, received view of vaccination, it was, in his opinion, far superior to vaccination in countries like India." Dr. Pringle considers that revaccination is not necessary, if it be thor-

oughly performed in the first instance, but many physicians will take issue with him on this point. He also mentions "the absolute necessity of carefully supervising any system of vaccination, both as regards the veracity of the returns submitted and the quality of the work with reference to the knowledge and skill of the operators."

Whilst on the subject of small-pox, I may allude to the discussion of its ærial dissemination, which has been so interestingly treated of late in the English medical journals. There seems to be unanimity on the question of the communicability of the disease through the air, but marked diversity of opinions as to the distance the particulate infectious matter may be carried by the wind. Some limit it to a few yards, while others make it a quarter of a mile. Sir Wm. Jenner fixes 2,640 feet as the proper sanitary zone around a small-pox hospital. When there is any uncertainty in a matter so important to the public safety, the utmost precautions should be adopted in selecting a location for an Infectious Disease Hospital, so as to guard against the possibility of danger to the residents of the neighborhood. All small-pox hospitals should, therefore, be erected at some distance from a city to prevent their becoming centres of contagion.

General Grant's illness has made the subject of cancer prominent in conversation. The public generally seem under the impression that the disease is often due to excessive smoking, when appearing in the mouth or tongue; and, daily physicians have to explain what cancer is. The marked increase of cancer within the last half century has excited the serious thought of the profession. On this subject the London *Lancet* pertinently says, in a recent issue: "There is a pretty general agreement with regard to this disease that it is prone to arise out of prior morbid states which do not appear to be directly or necessarily related to it. It is evolved as a successor to innocent tumors, or in the track of an old inflammatory lesion. It rises apparently

de novo out of mere aridity or exhaustion of tissue, its permanently rudimentary type representing the best efforts of wearied nature to make good the daily wear of more perfect structures. On the other hand, cases occur in which, without impairment in any visible degree of vital power, the energy of some local irritant appears to master so completely the normal process of growth as to maintain its elements in the exuberant imperfection of the malignant tumor. Manifest by the same irritant, acting on weak tissues is still more likely to work out its pernicious consequences. If we admit therefore, as we consistently may, that tissue exhaustion, the result of toil, anxiety, or privation, and whether inherited or directly induced, affords a sufficient basis for the development of cancer, we need not look far into the history of our laborious age to find an explanation of a rise in its death rate which at first may seem to be anomalous."

A spirited discussion has been going on in our local papers as to whose name, Dr. C. T. Jackson's or Dr. W. T. G. Morton's, should be placed on the monument erected in Boston's Public Garden, to commemorate the discovery of ether. The probability is both names will receive the honor. Ample proof has been adduced that, as early as 1841 Dr. Jackson discovered the wonderful anæsthetic properties of ether; that Dr. Morton obtained his knowledge of it from him, and that it was under Dr. Jackson's advice that Dr. Morton used it in 1846 to mitigate pain in the extraction of teeth. One writer says: "In this matter it is evident that Drs. J. and M. were necessary, one to the other, etc." This should finally settle the credit due to each in this discovery.

The forty-fifth annual meeting of the Massachusetts Homœopathic Medical Society was held last month in this city, when Dr. C. L. Nichols of Worcester, was elected president. The session proved highly successful, the papers being both numerous and important.

The friends of Dr. Palmer, of this city, had decided to nominate him, but Dr. Nichols was first proposed. With his characteristic modesty Dr. Palmer requested his friends to drop his name. Dr. Nichols appointment was an excellent one, but many would have preferred their time-honored and valued friend Dr. Palmer, who is one of the oldest members of the society, and has always actively labored to advance its interests, and those of Homœopathy. It is almost certain he will fill the chair next year, and that with dignity and advantage to the society.

Dr. Heber Smith the last president, won the good will and esteem of the members, by his judicious course and sensible action on all questions affecting the society. In presiding over its deliberations he has displayed tact and ability. His annual address was an able paper, effectively delivered.

Among the many papers read on the above occasion was one by Dr. Woodvine, characterized by great candor, showing the helplessness of the profession, in certain malignant cases of diphtheria. Practitioners who have not met with bad cases, cannot imagine the painful position of the physician who sees from the outset the fatal character of the case under treatment, and the consequent futility of his efforts.

The invitation which Dr. Conrad Wesselhoeft received to address the Boylston Medical Society, consisting of advanced students of Harvard Medical School, on Homœopathy, was creditable to both. The students, in their desire to learn of a system of therapeutics which they are taught to consider absurd, evinced a spirit of liberality which bids fair for the future, their choice of so able an expounder of Homœopathy showing a wisdom which should and did meet with its reward. The doctor acquitted himself in a manner to please both the Homœopaths and the society, his paper being an able one, replete with valuable information, and marked by sound thought, expressed with force and conciseness.

A recent act of the legislature of Massachusetts is entittled—"An act to aid in the suppression of contagious diseases among animals," which provides that any one knowing of the existence of such contagious diseases shall report them to the proper city or town officers, under a heavy penalty. Thus we have another recognition of the advantage of isolation in infectious diseases, even among animals, the ravages of which, of late years, have occasioned serious loss. Such an act is not only wise in principle, but timely, in view of the advent of warm weather and the late rapid spread of glanders in Montreal, which has occasioned no little alarm in that city and district, and prompted vigorous measures to stamp it out. One man has died of this horrible disease in that city, and the authorities have decided to kill all the infected animals they can discover. Such facts and examples it is to be hoped will not be lost on other cities and districts, in which everything sense and science directs should be done to preserve the health and lives of both men and animals.

PROSPER BENDER, M. D.

A PLEASANT UNION.

Many friends of Dr. H. Knapp, for some years a resident of Adrian, Mich., but now of Lathrop, Cal., will be interested in the following, which we take from the Daily Evening Post, of San Francisco, of the 17th inst.:

The forty-fifth anniversary of the marriage of Dr. H. Knapp and wife, of Lathrop, (who were married at Detroit, Michigan, in 1837), was celebrated, last Thursday evening, at the residence of their son-in-law, H. A. Wastell, in Oakland, by a family reunion. The children, grandchildren and relations of the happy couple were present, and a most enjoyable time was spent. During the evening Dr. Knapp read the following poem:

Our days and months and years, like far off mountains,
Grow dim and distant as old age draws nigh,
But memory oft unlocks its pent up fountains,
Disclosing scenes and visions long gone by.

Once more we live among the new-mown meadows,
The apple blossoms, clover-scented air;
Again we revel, midst the fleeting shadows
Of early days, when free from worldly care.

Again the light of other days shines o'er us;
Once more the scenes of long ago appear;
Our youthful loves and friendships rise before us;
To memory sacred, to affection dear.

Anon, we're gliding o'er a lively river,
Two hearts in one, just wed for weal or woe,
Contented thus to sail along forever,
Ignoring winds or waves or storms that blow.

The tableau changes, children round us cluster,
And merry voices cheer the livelong day;
A loving mother sheds a golden luster,
And lends a charm that drives dull care away.

Through many scenes of good and ill we've wandered;
Joined hand in hand, have labored hard and long,
And few the moments we have basely squandered,
Cheered on our way by children's love and song.

But, one by one, like unfledged birds they left us,
To try their pinions 'midst this world of strife;
Of one has death "a shining mark" bereft us,
Not lost, but plumed her wings for higher life.

And now, dear wife, another year has ended;
We reach another anniversary day;
With joy we greet our friends and children blended
To wish us well—God speed us on our way.

Just forty-five, the years we've wrought together,
And yet the time seems but as yesterday,
Since we were floating on that peaceful river,
Our honeymoon excursion, blithe and gay.

What glorious visions then arose before us,
What gorgeous fancies filled our little world;
Alas! how soon did real life restore us,
And show that "all that glitters is not gold."

And yet not all of that bright scene has perished,
The love that lives and born not to decay,
In spite of age is yet as fondly cherished,
As on that bright and far-off summer day.

And now we all are floating on together,
O, may we reach our golden wedding day;
If not permitted, may we meet each other
Where friends and children never say good-by.

BUCKWHEAT FLOUR IN DIABETES.

S. LILIENTHAL, M. D., New York.

The *Medical Record* of May 16, 1885, contains the following:

"Dr. Alvord, a retired practitioner of Hamler, O., who is a sufferer from glycosuria, finds more relief from a diet of pure buckwheat flour cakes than from anything else. While he adheres to this food the urine becomes nearly normal in quantity and quality, there is no gastric distress, and the pain in the eyes nearly destroyed by chronic iritis is markedly relieved. On resuming the use of wheat bread and other starchy food, the symptoms become aggravated, to be again relieved upon a return to buckwheat."

Fagopyrum esculentum has so far very few clinical verifications to show, although some very good provings were made by students of the New York Homœopathic Medical College and published in the Transactions of the American Institue of Homœopathy for 1873, p. 582. Allen, Vol. IV. gives us the pathogenetic record of these provings from which we learn the subjoctive pains in the eyes and the blurred vision, the unsettled state of the stomach, the empty faint feeling, excessive thirst and relishes food as soon as he begins to eat, increased urination, frequent desire to urinate with difficulty in voiding the last few drops, (what a party that our students did not examine their urine) etc. Hints enough to show the applicability of the drug or food to diabetes.

WHAT VIVISECTION HAS DONE FOR ABDOMINAL SURGERY.

Medicine in the future must either grow worse, stand still, or grow better. To grow worse we must forget our present knowledge—happily, an inconceivable idea.

To stand still, we must accept our present knowledge as a finality, complacently pursuing the well worn paths; neither hoping nor trying for anything better—happily, again, an impossibility.

To grow better, we must try new methods, give new drugs, perform new operations, or perform old ones in new ways; that is to say, we must make experiments. To these experiments there must be a beginning; they must be tried first on some living body, for it is often forgotten that the dead body can only teach manual dexterity. They must then be tried either on an animal or on *you*. Which shall it be? In many cases, of course, which involve little or no risk of life or health, it is perfectly legitimate to test probable improvements on man first, although one of the gravest and most frequent charges made against us doctors is that we are experimenting upon our patients.

But in many cases they involve great risk to life or health. Here they cannot, nay, they must not, be tested first upon man. Must we, then, absolutely forego them, no matter how much of promise for life and health and happiness they possess? If not, the only alternative we have is to try them on the lower animals, and we would be most unwise, nay, more, we would be cruel, cruel both to man and to animals, if we refused to pain or even to slay a few animals that thousands, both of men and animals, might live.

Who would think it right to put a few drops of the hydrochlorate of cocaine (a year ago almost an unknown drug) into the eye of a man, not knowing what frightful inflammation or even loss of sight might follow? Had

one dared to do it, and had the result been disastrous, would not the law have held him guilty and punished him severely, and all of us said Amen? But so did Christison with Calabar bean, and well nigh lost his own life. So did Toynbee with prussic acid on himself, and was found dead in his laboratory. Accordingly, Koller, of Vienna, properly and wisely tried cocaine first on animals, and, then, finding its beneficial effects, tried it upon man with like results, and one of the most remarkable drugs of modern times was thus made available.—*Popular Science Monthly for May.*

SLEEPING ROOMS.—It is a mistaken notion to suppose that rooms with high ceilings are more conducive to health than low rooms; on the contrary, a ceiling which is moderately low assists ventilation. The vitiated air does not remain in the upper regions, but always reaches the floor by way of the walls, only a portion escaping by the chimney, if there be one. The low ceiling gives the gases less time to part with their heat. What is wanted most in the dimensions of a living room is breadth.

AN HONEST CONFESSION.—Dr. A. F. Spear, President of the Lick County Medical Society, in his annual address, said: "I shall select two medicinal substances, viz., Aconite and Mercury, and shall try to prove by our standard authorities, that when we are successful in treating disease with them, it is in accordance with the homœopathic doctrine, and although all sorts of explanations are advanced as to their *modus operandi*, the plain, simple fact is, that Hahnemann gave the symptoms and treatment years ago that Professors Bartholow and Ringer now emphasize. Will any gentlemen present, explain to me why he uses Mercury in any disease? Have we really made any progress in the practice of medicine, except what has been forced upon us by those whom we regard as irregular practitioners? Now, gentlemen, after the statement of Professor Ringer, that in one form of diarrhœa, Bichloride of Mercury acts, more satisfactorily, and in another gray powder; where shall we go

to obtain some explanation or reason for this? Have we an author who will or can point it out to us? If we have, I have failed to find him. On the contrary, the more I studied the matter, the greater was my confusion, until I sought in homœopathic works for a solution and there I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations as pointed out by the earlier Homœopaths, are those by which they are now governed in practice.—*Medical Record.*

SOCIETIES.

REACHED ITS MAJORITY.

On the 13th and 14th of May the Homœopathic Medical Society of Ohio held its twenty-first annual session within the hospitable walls of Pulte College in Cincinnati. The first day's roster showed the presence of seventy-five physicians, which number on the second day was increased to a full hundred. Dr. R. B. Rush, of Salem, O. presided over the deliberations of the society. That the society has indeed passed from its adolescence into a fruitful manhood is shown by the fact that, while five years ago at the last Cincinnati session only *thirteen* papers in all the departments were presented, this year the Bureau of Clinical Medicine alone presented as many carefully prepared papers, and the other bureaus were full, many of them, to repletion. Twenty-four new members were received during the session. After five years faithful service as secretary, Dr. H. E. Beebe, of Sidney, was honored with the presidency for the ensuing year. The twenty-second session will be held next May at Toledo, where, judging from the quality of bureau material selected, a profitable meeting may be confidently expected.

Chas. E. Walton, Sec.

Hamilton, O. May 25, 1885.

OREGON STATE SOCIETY.

The ninth annual session, one of the most successful in the history of the society, was held at Portland May 5, 6 and 7. The papers presented were of unusual interest, and what was more gratifying still, were fully and profitably discussed. Reports from different parts of the state show a steady yet healthly progress, and an increasing popularity of the Homœopathic practice. Three new members were added to the roll, and the following officers elected for the ensuing year: Pres., Dr. Henderson, Salem; Vice-Pres, Dr. Wigg, E. Portland; Sec., and Treas., Dr. Miller, Portland.

EDITORIAL.

In the "Bulletin de la Société Médicale Homœopathique de France" for October, 1884, is a translation of Dr. Gregg's monograph on diphtheria by Dr. Ozanam, a member of the society. This effort on the part of the translator to enlighten his colleagues on the therapeautics of so dreaded a disease as malignant diphtheria, would by an impartial observer be considered a praiseworthy act. Especially would this be true, as the treatment professes to be homœopathic, to be based upon the teachings of the Organon, and to be practiced successfully by many eminent members of the school in Europe and America. The same claim is made for this treatment that was made for Hahnemann's treatment of Asiatic Cholera, viz.: that in malignant diphtheria it reduces the mortality to a minimum. An unprejudiced man would say, why not before condemning, subject it to the test proposed by Hahnemann? Publish the cases, the symptoms, the treatment; then all can judge whether the failure belongs to the system or the doctor who applied it. But in scientific matters, it is an old and trite saying, "that numbers and great names rarely give us much help in our search after truth." And this case is not an exception to the rule, for it appears that at the November meeting of the society Drs. Cretin and Jousset took very strong exceptions to the use of "the official stamp of the society on such a publication" and moved the following resolution which was adopted: "Le Société Médicale Homœopathique de France, looking upon the teaching of Drs. Gregg and Lippe as not only *bizarre* in itself, but as contrary to Homœopathy, regrets the publicity given in its bulletin to such teaching and its application."

Well, we suppose this settles the question. No use trying to get outside the narrow horizon of Drs. Cretin and Jousset. Like Galileo's brother-professor who persistently refused to look through his new telescope lest he should see Jupiter's moons, they prefer to reason from false analogy, and proclaim as *bizarre* a treatment of which they are entirely ignorant. "There are some truths which men despise, because they will not examine them, and which they will not examine because they despise them." The same spirit of intolerance, the same bitter prejudice, the same opposition to the investigation of a scientific fact which greeted Hahnemann when in Hufeland's Journal, he first announced the discovery and application of the law of the similars, is here meeted out to both author and translator. Those who have never put Hahnemann's plan

into practice are not in a position to express a dogmatic opinion, as to its relative merits or demerits. Drs. Cretin and Joussit may call it *bizarre* if they please, but it is not the scientific method of treating a scientific subject. Simply because they do not believe it, is no argument whatever. Why not, like honest Dr. Watzke in his experiments with Natrum muriaticum [30], put it to the test of clinical experiment and then publish the failures to the world? It may be extremely difficult to settle Dr. Gregg's pathological theory or any other pathological theory of diphtheria, but his treatment is the treatment recommended by Hahnemann, and has proved successful at the bedside by those who have put it in practice. The Allopath who has never put the law of the similars to the test, may with equal justice apply the arguments of Drs. Cretin and Jausset to the entire system and call it *bizarre* and absurd, but he can scarcely be in a position to pronounce an opinion, based on the only scientific test at present known—clinical knowledge.

But our amazement reaches its climax when the accomplished editor of the *New England Medical Gazette* joins the refrain, rejoices in the bigotry of our French colleagues, and calls it "a paper pathologically weak and clinically absurd." We would respectfully ask, how many cases of malignant diphtheria he has treated after the method of Drs. Gregg and Lippe, and where a report of them is published? Verily! we expected better things from Boston.

A Fire in the Rear.—Straws often show the direction of the current, and we may be pardoned if we call attention to the following extract from the New York correspondence of the *Detroit Post* in proof of the opinion that our brethren of the dominent school are being compelled to row up-stream. The reasons given may in part account for the anomolous condition of affairs in Brooklyn, but only in part. It is a well known fact that in nearly every large city of the United States the Homœopaths have a large percentage of the patronage of the *crême de la crême* of the medical practice. This is hinted at by the correspondent when he says, "that the Allopaths are being crowded by the Homœopaths, and are adopting in a craven manner, the very methods of the school they affect to despise." This only refers to the dispensing of their own drugs.

But there is another and more potent reason still. For years they have allowed the manufacturers of proprietary remedies to prescribe for them, to prepare remedies for "Consumption," "Diabetis," "Albuminuria," etc.,—*for names of diseases, instead of for patients*—until the average druggist can make about as good a pre-

scription as the average physician. They have sown the wind and are reaping the whirlwind. As Homœopaths we can but look upon the druggists' dilemma and smile at the righteous retribution now visiting them in return for the courtesies they extended to Hahnemann in his early trials and struggles to establish scientific medicine. It was the Apothecaries and the Apothecaries law, which for twenty years made Hahnemann "almost a wandering Jew," but whose firmness finally broke the chain and left his successors a law of cure for a guide, untrammelled in practice by restrictive legislation and permitted the privilege now claimed by the Brooklyn physicians of prescribing their own medicines.

"A medical revolution is under way in Brooklyn. The physicians have countermoved against the apothecaries. The Allopaths have been angered by the druggists' practice of prescribing remedies, either after the regular manner of doctors, or by recommending patent medicines. In appearance, although the physicians do not say so, the proprietary medicine business is what they really wish to fight. This is no worse in Brooklyn than anywhere else, probably, but it must be a serious matter to the profession throughout the United States. Every ailment to which flesh is heir is mated with a specific of more or less cheapness and palatability; and these are warranted to unfailingly cure, which is rather more than the doctors will promise. The Brooklyn druggists, moreover, are underselling one another with such enterprise and recklessness that bottles labeled $1 are offered at 60 or 70 cents. The subject was discussed by the county medical society and it was decided to be entirely professional, under the circumstances, to personally provide the remedies prescribed, though separate charges for the medicines were discountenanced. Many of the most prosperous of the physicians have now actively begun the war. If you call one of them he brings from his carriage into your house a morocco case or handbag, after the manner of the Homœopaths, and, instead of writing out a hieroglyphic prescription, he opens his stock of drugs and prescribes. "There," he is apt to say, "that will save you the trouble of sending out to some swindling apothecary, who would be quite as likely to give you wrong or worthless stuff to poison you as not. It will also save 75 cents or $1, for I shall not make an extra charge. The average prescription does not cost more than 5 or 10 cents to compound."

"The druggists in turn retort upon the doctors that their charges for visits are extortionately high, and that, in order to postpone the inevitable reduction they have resorted to the devices of throwing

in the medicines gratis. The accusation is also made that the Allopaths are being crowded by the Homœopaths and are adopting, in a craven manner, the very methods of the school which they affect to despise. The threat is made that the subject will be submitted to the state medical society, which will be asked to forbid the doctors to supply medicines except through prescriptions."

"The druggists' prices for prescriptions have always been ridiculously high," said a leading doctor. "Their profits on this branch of their business has been estimated at 200 to 300 per cent., even when rent and clerk hire are subtracted. They advertise their stores by selling patent medicines at cost, and then make their money on the compounding of prescriptions. The best practitioners of Brooklyn have now agreed to carry their own drugs. The use of concentrated remedies favors the movement. We expect the custom to become general—in fact, that we shall revolutionize the business; for the people having once become accustomed to taking their medicines directly from their doctors will never return to the old way of buying at the druggists."

"The druggists will ask the manufacturers and wholesalers of drugs to refuse to sell to other than dealers, and a paper to that effect is already in circulation for signatures, and the end is not yet."

EXPLANATION.—The printer's annual "rush of business" about Commencement time has delayed our June number, for which we offer our humble apology. For the same reason, the Index for Vol. XV will appear in the July issue. Thanking our contributors for their valuable aid, and soliciting a continuance for the coming volume, we hope to make THE ADVANCE during 1885–86 more practical than ever.

NEW PUBLICATIONS.

PELVIC AND HERNIAL THERAPEUTICS. George H. Taylor, M.D. Large 12mo., 282 pp., Cloth, 75 cents. Jno. B. Alden, New York.

This is a pretty complete work on the gymnastics of the abdominal and pelvic viscera. It is estimated, for example, that about one person in every seven or eight wears a truss for the cure of hernia. Now, Dr. Taylor demonstrates pretty clearly, that trusses rarely cure hernia; on the contrary, they are just as liable to per-

petuate or even aggravate the very troubles for which they are worn, by removing the natural supports of the abdomen. That all diseased conditions of this kind are to be permanently removed by treating the cause and not the effect, is an axiom in homœopathic practice. The same may be said of the treatment of uterine displacements by mechanical appliances. Better attack the cause than the effect. Read Dr. Taylor's new book.

BERLIN AS A MEDICAL CENTRE. A guide for American Practitioners and Students. By H. R. Bigelow, M. D. New England Publishing Company, Sandy Hook, Connecticut.

This small volume is what it purports to be, a ready, practical and reliable pocket guide for the American student. It gives the expenses of the trip to Berlin and return, with cost of living in hotels, restaurants and private families while there; how how to matriculate, course of study, and full directions for hospitals and clinics. It will save much time and money to the student as it is the experience of the majority, "that few professional men ever get into good working order in Berlin, without spending a month or more in finding out the courses they wish totake."

PROGRESSIVE MEDICINE (?) A Treatise on the Digestive Organs. By Ciro de Suzzara Verdi, M. D. F. E. Boericke, Philadelphia, 1885.

We have looked in vain for any reason why this book should have been written, or why, if written, it should be called "Progressive Medicine." As a specimen of polypharmacy it certainly is valueless to the Homœopath, and if an Allopath is seeking for more light or a better way, there is nothing "progressive" for him in its pages. Like a crawfish, its chief progress is backward.

THE DIAPHRAGM AND ITS FUNCTIONS. Considered specially in its relation, to respiration and the production of voice. By J. M. W. Kitchen, M. D. "The Voice" first prize essay. E. S. Werner, Publisher, Albany, N. Y. Flexible cloth $1 net, postpaid.

To this treatise was awarded the first prize offered by "The Voice," competition being open to all writers, foreign as well as American. Without doubt, it is the best work on this organ, in our language. The anatomical division of the subject treats of the diaphragm's location, general shape, gross composite parts, origin, openings, tendon and muscular fibres, minute anatomy, blood-supply, lymphatic and nervous supply, relations, embryology and history of development. The physiological part discusses the function of respiration generally, the movements and

varieties of respiration, the respiratory action and change of shape and respiratory rhythm of the diaphragm, control of the diaphragm's action, incidental functions of the diaphragm, change of shape in the trunk during respiration, differences in male and female breathing, the comparative physiology of the diaphragm, and functional development of the organ. Under the hygienic heading is considered the diseased conditions to which the diaphragm is subject, the conditions essential to its nurture and healthy action, corset and waist-constriction, special exercise of the diaphragm, how to breathe, etc. It is well worth the money.

THE DISEASES OF THE EAR AND THEIR HOMŒOPATHIC TREATMENT. A manual for beginners. By Charles F. Sterling, M. D., O. et A. chir., N. Y. 16 mo., 167 pp. A. L. Chatterton Publishing Co. 1885.

The object of this book is very ably set forth by the author, when in the preface he says: "It is the outgrowth of a want felt by myself when first commencing the practice of medicine for a small, handy treatise on the examination and diagnosis of the more common diseases of the ear, and their homœopathic treatment." And in this the author has succeeded very well, for his statements are concise and yet sufficiently comprehensive to make it a very practical volume for the general practitioner who must necessarily be more or less interested in this subject, and of which so many general practitioners know or profess to know little or nothing.

Of the fourteen chapters, the first three are devoted to the anatomy and physiology of the ear; the fourth to instruments and methods of examination; the fifth and sixth to diseases of the external ear; the seventh to twelfth inclusive to the diseases of the middle ear. It is in the diseases of the middle ear that the general practitioner is most interested, because here he can, if he will, apply his remedies as well as the specialist; and here, too, errors in treatment are so frequently followed by loss of hearing or life. And this, too, is just where the author exhibits his weakness in therapeutics; for when he is instructing the general practitioner this is the department in which he should be instructive as well as positive and certain, to be of any use to him at all.

Excusing local applications, he says: "In regard to treatment I am firmly convinced we are not yet in a position to dispense with local measures; our therapeutics are still too meagre in this department. The indications given for remedies are the results of the experience of homœopathic aurists in this city and elsewhere gathered from various sources in our literature as they have made

their appearance. They have not been compiled from the Materia Medica on theoretical grounds." He has evidently taken lessons in therapeutics from the *literature* or the *schools* of allopathy, and injected their crude palliating errors into a homœopathic text-book. Is there any logical reason why diseases of the external ear should be subjected to topical applications while those of the internal ear must be treated by constitutional remedies? Why will not constitutional remedies act as well in one as the other? If "our therapeutics are still too meagre," it is the duty of our specialists to develope this field, and not recommend allopathic palliatives to the general practitioner as the best Homœopathy can do. The average general practitioner knows better, and it is the stereotyped recipes for the name of a disease which mars this otherwise valuable monograph. The author evidently believes that allopathic recipes are more scientific and practical than homœopathic remedies "compiled from the Materia Medica." In paper and mechanical execution the book is hardly up to the standard of the publishers.

THE HOMŒOPATHIC WORLD.—With the April number of this journal, the talented editor, Dr. J. Compton Burnett takes his farewell of its readers and says "*adieu sans adieu.*" We shall miss his bright and ringing editorials and we sincerely trust that his successor, Dr. Jno. H. Clarke, will as truly represent the cause and uphold the banner of similia.

MAGAZINE OF AMERICAN HISTORY.—The rare ability with which this unique publication has been conducted into the front rank among the great monthlies of the world, is a source of pride and pleasure to all classes of intelligent readers. The contributions to the May number are not only varied, scholarly, and valuable, but of a widely popular character. The article "General Roger Enos—A lost chapter of Arnold's Canadian expedition in 1775," is exceedingly interesting for all lovers of American History.

THE POPULAR SCIENCE MONTHLY for May. Readers of this journal can be quite sure of their money's worth in the May number, which is full of articles rich in thought and information on living questions of the day. The first paper, "Our Recent Debts to Vivisection," by William W. Keen, M. D., is a graphic account of the benefits that have been conferred upon humanity during the last quarter of a century, by means of experiments on animals. There are no strained constructions in the argument, and the numerous examples given can not easily be explained away.

EDITOR'S TABLE.

OBITUARY.

BENJ. F. JOSLIN, M. D.—New York, June 1st, 1885—At a special memorial meeting of the Homœpathic Medical Society, of the County of New York, held May 27th, 1885. The following resolutions were read and adopted (A. B. NORTON, Secretary.):

WHEREAS, It pleased Almighty God to lay aside from the active practice of his loved profession our esteemed associate Benj. F. Joslin, M. D., and lately to remove him from this life; therefore,

Resolved, That we bow to this Providence, believing that he has found in the world beyond, as certainly as in this, that service for others constitutes one chief source of felicity,

Resolved, That we recognize in the service of Dr. Joslin, as an active member of this society; as its presiding officer; as the superintending physician of the Five Points House of Industry; as a wise counsellor in the emergencies of general practice, an earnest, enthusiastic, devoted physician, one who added lustre to the honored name he inherited; a Christian gentleman, whose example we may emulate.

JOHN BUTLER, A. M, M. D.—The following resolutions were read and adopted:

WHEREAS, In the recent death of John Butler, A. M., M. D., L. R. C. P., the New York County Homœopathic Medical Society has occasion to mourn the loss of an esteemed member; and

WHEREAS, It is befitting that this body should take suitable action to attest the feeling aroused among his professional associates by this untimely and most untoward event, therefore be it

Resolved, That in our intercourse with Dr. Butler we knew him as an earnest and laborious physician whose bright and carefully trained intelligence had enabled him to attain to high rank in general medicine and to pre-eminence in the special branch of electro-therapeutics;

Resolved, That our acquaintance with him rapidly ripened into friendship because by reason of his many attractive social qualifications, and by reason of his high moral principle he impressed himself upon us as a man in whom affection and sincerity were conspicous characteristics;

Resolved, That in thus expressing its feeling the society desires to extend its sympathy to the family and friends of our lamented colleague;

Resolved, That an authenticated copy of these resolutions be transmitted to their families and that their publication be requested in our medical journals.

THE eleventh annual convention of the Western Academy of Homœopathy was held in St. Louis, May 28, 29, and 30, at Lindell Hotel.